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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76882

(6)

PAVEMENT MAINTENANCE PRODUCTS, INC.

Mailing Address

FILED Jan 29 1997 8:00am Secretary of State



	e of Business	Mailing Add				i inalitie titt idata antit intaliation inte			
6320 DANNER DRIVE SARASOTA FL 34240			6320 Danner Orive Sarasota Fl 34240-9399						
						3. Date Incorporated or Qualified 06/05/1987	3a, Date 01/24	e of Last 4/1996	Report
2. Principal Pa	ace of Business	2a. Mailing	Address			4. FEI Number		T [A	pplied For
21		26				59-2829270			lot Applicable
Suite, Apt. 1	#, etc	Suite, A	pt. #. etc.			5. Certificate of Status Desired		•	Additional Required
City & State	?	City & S	late			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip		Countr	У	8. This corporation has liability for	intangible to	ax under	s. 199,032,
24	25	29		30		1	Yes 🖂	·	
	9. Name and Address of Cur	rrent Registered Ag	ent			10. Name and Address of New Re	gistered A	gent	
WEBI	B, CHARLES W.			81	Name				
2172	HILLVIEW ST			82	Street Ad	dress (P.O. Box Number is Not Acceptab	ole)	····	
	ISOTA FL 33579			"	O() DOL 7 IO	initial (r.o. pox right) or rot ripophic	,,		
				83					
				84	City			85 Zip	Code
<u> </u>					<u> </u>	progration submits this statement for the p	FL		
OTRICE OF RE	egistered agent, or both, in the Si m familiar with, and accept the ot	tate of Florida, Such	change was	aumonzeu D	y the corpor	ration's board of directors. I hereby accep	pi ine appoi	antinerat #	s registered
SIGNATURE	·								· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signstate typod or printed name of registerie	d agent and litte if applicable		TE: Registered Ag		pulsed when reinstating)	DATE DEDC AND	DIRECTO	DC IN 12
SIGNATURE	Signerace spector printed harve or registeria OFFICERS	d agent and litte if appticable AND DIRECTORS	e (NG	TE: Registered Aç		outred when reinstating) ADDITIONS/CHANGES TO OFFICE	ERS AND		
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information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

NTED NAME OF SIGNING OFFICER OF DIRECTOR

1/24/97

941-377-0020

Daytime Phone #