

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 07

DOCUMENT # **K14477** (9)

1. Corporation Name

BLACKTOP MAINTENANCE INC.

Principal Place of Business

902 GOLFVIEW WOODS DRIVE
RUSKIN FL 33573
US

Mailing Address

902 GOLFVIEW WOODS DRIVE
RUSKIN FL 33573
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/28/1988	3a. Date of Last Report 07/06/1994
4. FEI Number 59-2868217	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

LEFFLER, MARGARET A
902 GOLFVIEW WOODS DR
RUSKIN FL 33573

10. Name and Address of New Registered Agent

81 Name Billy J. Leffler
82 Street Address (P.O. Box Number is Not Acceptable) 902 Golfview Woods Dr.
83
84 City Ruskin
85 FL
86 Zip Code 33573

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Billy J. Leffler

Mar 25, 1995

(Signature, Name, Title, and Address of Agent and the Corporation)

(Date, Registered Agent, Signature, Name, and Address)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME LEFFLER, MARGARET A	11 TITLE President	☒ Change ☐ Addition
STREET ADDRESS 902 GOLFVIEW WOODS DR		12 NAME Billy J. Leffler	
CITY, ST, ZIP RUSKIN FL		13 STREET ADDRESS 902 GOLFVIEW WOODS DR.	
		14 CITY, ST, ZIP RUSKIN, FL. 33573	
TITLE	NAME	21 TITLE	☐ Change ☐ Addition
STREET ADDRESS		22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
STREET ADDRESS		32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
STREET ADDRESS		42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	☐ Change ☐ Addition
STREET ADDRESS		52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
STREET ADDRESS		62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(6)(b), Florida Statutes. I further certify that the 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 person or persons 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:

Billy J. Leffler

Billy J. Leffler

Mar 25, 1995 - 87701/10

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Signature/Name)