FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT

SIGNATURE: Charles & law

Feb 10 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # K46207 PAVERMODULE OF FLORIDA, INC. Principal Place of Business Mailing Address 1590 N ANDREWS AVE EXT 1590 N ANDREWS AVE EXT POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/18/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 52-1632538 21 26 Suite Apt # etc. Suite Apt # etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip 8. This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 30 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CHATELLIER, RICHARD P. 1590 N ANDREWS AVE EXT **B2** Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 A3 84 City Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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 Signature hyperfor product non-e-of-respective of a pertaced true et applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELFTE 1.1 TITLE TITLE Change Addition GRAVEL, GUY NAME 12 NAME 1361 SOUTH OCEAN BLVD., #407 STREET ADDRESS 1.3 STREET ADDRESS POMPANO BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition TITLE DELETE 2.1 TITLE Change CHATELLIER, RICHARD P. NAME 2.2 NAME **4010 BAYVIEW DRIVE** STREET ADDRESS 2.3 STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **ELMORE, GEORGE** NAME 3.2 NAME 2350 SOUTH CONGRESS AVENUE 3.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL CITY-ST-ZIP 34. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition HAMEL, FERNANDO NAME 4. 2 NAME 265 CHEMIN ST - BERNARO 4.3 STREET ADDRESS STREET ADDRESS MONT-TREMBLANT-QUEBEC JOT1Z0 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition 50 TITLE 5.1 TITLE PARKS, CHARLES G. NAME 5.2 NAME 891 SAGE AVENUE 5.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 5.4 CITY-ST-ZIP TITL F DELETE 61 TITLE Change Addition NAME 62 NAME 63 STREET ADDRESS STREET ADORESS 6.4 CITY-ST-ZIP CITY ST. ZIP 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

- CHARLES G. PARKS, SCENETARY

FLORIDA DEPARTMENT OF STATE

FILED

954-972-2400