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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	# [.	52651

1. Corporation Name

	nal paving systems, I	INC.						
-i-singl Place of F	Rusiness	Mailing Address						
6601 OLD US HWY 41 16601 OLD US HWY 41			DO NOT WRITE IN THIS SPACE					
MYERS FL 33912	2				3. Date incorporated or Qualifed			
					02/26/1990			
					4. FEI Number		Applie	
. Principal Place	of Business	2a. Mailing Address			59-3006504			pplicable
]		26				<u> </u>	8.75 Add	
Suite, Apt. #, e	etc.	Suite, Apt, #, etc.			5. Certificate of Status Desired		Fee Requi	ired
2		27			6. Election Campaign Financing		\$5.00 Ma	
City & State		City & State			Trust Fund Contribution		Added to F	ees
3		28	Cour	ntry	8. This corporation owes the curre	nt year Intangi	ble	141-
Zip	Country	Zip	30	···· y	Personal Property Tax.		res	No.
4	25	29	301		10. Name and Address of New R	egistered Age	<u>nt</u> _	
, ,	9. Name and Address of Curren	it Registered Agent		81 Name)
					ddress (P.O. Box Number is Not Accepta	ble)		
HALLEP	R, ROY D.			82 Street A	Idress (P.O. Box Number is Not Acceptant			
	OLD US HWY 41			83				
FT MYE	ERS FL 33912						85 Zip Co	nde
	• •			84 City		FI	'	
					orporation submits this statement for the ation's board of directors. I hereby acce		nging its re	egistered
CICNATURE		(NO)	F. Registere	tutes.	quired when reinstating)	DATE	OIDECTOR	2S IN 12
SI	gnature, typed or printed name of registered age OFFICERS AI	ND DIRECTORS	13.	d Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	RS IN 12
12.	gnature, typed or printed name of registered age OFFICERS AI	Bill Still and a plant.	13.	d Agent signature re	quired when reinstating) ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR Change	RS IN 12
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14. I hereby 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 Block 12 or Block 13 if changed, or or an attachment with an address, with all other like empowered.

SIGNATURE:

May 05, 1999 8:00 am Secretary of State

05-05-1999 90205 005 ***150.00