

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 30 1996 8:00 am
Secretary of State

DOCUMENT # M38493 (6)
1. Corporation Name
PANHANDLE ASPHALT COMPANY



Principal Place of Business: ~~ONE QUINCE RD~~
~~MEMPHIS TN 38119~~
~~US~~
Mailing Address: **95 SANDBOURNE LANE**
S305
PALM BEACH GARDENS FL 33418
US

3. Date Incorporated or Qualified: **09/16/1986**
3a. Date of Last Report: **05/01/1995**

| | | | | | | | |
|---|---|----|--|--|---|---|---------------------------------------|
| 21 | 2. Principal Place of Business 95 SANDBOURNE LN | 26 | 2a. Mailing Address 95 SANDBOURNE LANE | 4. | FEI Number 59-2718922 | Applied For <input type="checkbox"/> | Not Applicable |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. | 5. | Certificate of Status Desired | <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | City & State Palm Beach Gardens FL | 28 | City & State | 6. | Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Zip 33418 | 25 | Country USA | 29 | Zip | 30 | Country |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |

MICHAEL, J. B., JR.
95 SANDBOURNE LANE
S305
PALM BEACH FL 33418

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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: _____ (NOTE: Registered Agent Signature required when reinstating) _____ DATE: _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|---|--|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE CPSD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MICHAEL, J.B. JR | | 1.2 NAME | |
| STREET ADDRESS 95 SANDBOURNE LANE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP PALM BEACH GARDENS FL | | 1.4 CITY-ST-ZIP | |
| TITLE CSD | <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MICHAEL, ANNIE L | | 2.2 NAME | |
| STREET ADDRESS 6152 QUINCE ROAD | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP MEMPHIS TN | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: _____ **PREB/JAC** 4/24/96 **(401) 6246008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)