SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -4 AM 10:44

DOCUMENT # N12879 (5)

1. Corporation Name

ASPHALT ANGELS, INC.

Principal Place of Business	Mailing Address
C/O MALCOLM C. LINDSEY 12791 KAZEE ROAD LOXAHATCHEE FL 33470-4732 US	C/O MALCOLM C. LINDSEY 12791 KAZEE RD. LOXAHATCHEE FL 33470-4732

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2666916 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ FILING FEE IS $61.25
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	26 P. O. BOX 1643
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 OLD TOWN, FL 32680
Zip 24 / Country 25	Zip 29 / Country 30 US

9. Name and Address of Current Registered Agent

LINDSEY, MALCOLM C.
12791 KAZEE RD.
LOXAHATCHEE FL

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0508, Florida Statutes.

SIGNATURE Malcolm C. Lindsey DATE
Signature, typed or printed name of registered agent and title if applicable (Each Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	TILLERY, DONALD R	12 NAME	
STREET ADDRESS	360 BUSINESS PKWY #10	13 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BCH FL	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	☒ Change ☐ Addition
NAME	LINDSEY, RUTH ANN	22 NAME	JOANNE MILLESON
STREET ADDRESS	12791 KAZEE RD.	23 STREET ADDRESS	13530 59TH COURT N
CITY-ST-ZIP	LOXAHATCHEE FL	24 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411
TITLE	VD	31 TITLE	☒ Change ☐ Addition
NAME	FRIEDRICH, ALLEN	32 NAME	RICHARD FOREMAN
STREET ADDRESS	735 LAUREL DRIVE	33 STREET ADDRESS	12231 ACAPULCO AVE
CITY-ST-ZIP	LAKE PARK FL	34 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, LISA	42 NAME	
STREET ADDRESS	14678 CITRUS GROVE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	LOXAHATCHEE FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	OTT, WAYNE	52 NAME	LARRY HILL
STREET ADDRESS	11352 49 ST N	53 STREET ADDRESS	14964 19TH STREET N
CITY-ST-ZIP	ROYAL PALM BEACH FL	54 CITY-ST-ZIP	LOXAHATCHEE, FL 33470
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	FOREMAN, RICHARD	62 NAME	ROGER ALLISON
STREET ADDRESS	37 YACHT CLUB #206	63 STREET ADDRESS	11331 57TH PLACE N
CITY-ST-ZIP	N PALM BEACH FL	64 CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411

CR2E037 (3/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Malcolm C. Lindsey 7/28/95 904-575-3414
SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MALCOLM C. LINDSEY

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