

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 PM 12:38

DOCUMENT # **P22696** (9)

1. Corporation Name
BALLENGER PAVING COMPANY, INC.

Principal Place of Business
**900 WEST LEE ROAD
TAYLOR SC 29687
US**

Mailing Address
**P.O. BOX 127
GREENVILLE SC 29602**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/24/1989

3a. Date of Last Report
02/10/1994

2. Principal Place of Business
21 **900 West Lee Road**
22 Suite, Apt. #, etc.
23 **Taylor SC**
24 **29687** 25 **US**

2a. Mailing Address
26
27
28
29

4. FEI Number
57-0880879

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	POWELL, M. LEE, III
STREET ADDRESS	900 WEST LEE ROAD
CITY-ST-ZIP	TAYLORS SC
TITLE	VPTC
NAME	JOHNSON, GEORGE D., JR.
STREET ADDRESS	900 WEST LEE ROAD
CITY-ST-ZIP	TAYLORS SC
TITLE	VPAS
NAME	ASHMORE, R.C.
STREET ADDRESS	900 WEST LEE ROAD
CITY-ST-ZIP	TAYLORS SC
TITLE	VPAS
NAME	MACE, M.E.
STREET ADDRESS	900 WEST LEE ROAD
CITY-ST-ZIP	TAYLORS SC
TITLE	VPSD
NAME	JOHNSON, STEWART H.
STREET ADDRESS	900 WEST LEE ROAD
CITY-ST-ZIP	TAYLORS SC
TITLE	EVPD
NAME	REEPS, EDDIE C
STREET ADDRESS	900 W LEE RD
CITY-ST-ZIP	TAYLORS SC

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Taylor, SC 29687
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	Taylor, SC 29687
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Taylor, SC 29687
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Taylor, SC 29687
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Taylor, SC 29687
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	McCord, Robert W.
6.4 CITY-ST-ZIP	900 West Lee Road Taylor, SC 29687

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 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or applicable 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 executor 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 to be changed, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/13/95 (803) 292-9550