

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P22696** (9)

1. Corporation Name
BALLENGER PAVING COMPANY, INC.



Principal Place of Business: **900 WEST LEE RD TAYLORS SC 29687 US**
Mailing Address: **900 WEST LEE RD TAYLORS SC 29687 US**

3. Date Incorporated or Qualified: **01/24/1989**
3a. Date of Last Report: **01/24/1995**
4. FEI Number: **57-0880879**
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

2. Principal Place of Business: 21 State, Apt. #, etc.:
22 City & State:
23 Zip: 24 Country:
25
2a. Mailing Address: 26 P.O. Box 14000
27 State, Apt. #, etc.:
28 Lexington, KY
29 Zip: 30 US

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **400001714264**
82 Street Address (P.O. Box Number Not Acceptable): **-02/14/96--01011--011**
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	PD	<input type="checkbox"/> DELETE
12.2 NAME	POWELL, M. LEE, III	
12.3 STREET ADDRESS	900 WEST LEE ROAD	
12.4 CITY, ST, ZIP	TAYLOR SC	
12.5 TITLE	VPTC	<input checked="" type="checkbox"/> DELETE
12.6 NAME	JOHNSON, GEORGE D., JR.	
12.7 STREET ADDRESS	900 WEST LEE ROAD	
12.8 CITY, ST, ZIP	TAYLOR SC	
12.9 TITLE	VPAS	<input type="checkbox"/> DELETE
12.10 NAME	ASHMORE, R.C.	
12.11 STREET ADDRESS	900 WEST LEE ROAD	
12.12 CITY, ST, ZIP	TAYLOR SC	
12.13 TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
12.14 NAME	MACE, M.E.	
12.15 STREET ADDRESS	900 WEST LEE ROAD	
12.16 CITY, ST, ZIP	TAYLOR SC	
12.17 TITLE	VPSD	<input checked="" type="checkbox"/> DELETE
12.18 NAME	JOHNSON, STEWART H.	
12.19 STREET ADDRESS	900 WEST LEE ROAD	
12.20 CITY, ST, ZIP	TAYLOR SC	
12.21 TITLE	EVPD	<input checked="" type="checkbox"/> DELETE
12.22 NAME	REEPS, EDDIE C	
12.23 STREET ADDRESS	900 W LEE RD	
12.24 CITY, ST, ZIP	TAYLOR SC	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST, ZIP		
13.5 TITLE	VP/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.6 NAME	Schwartz, David L.	
13.7 STREET ADDRESS	604 E. New Bern Road	
13.8 CITY, ST, ZIP	Kinston, NC 28501	
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 TITLE	Asst. Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.14 NAME	Childers, C. Scott	
13.15 STREET ADDRESS	900 W. Lee Road	
13.16 CITY, ST, ZIP	Taylors, SC 29687	
13.17 TITLE	VP/Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.18 NAME	Ellis, Charles D.	
13.19 STREET ADDRESS	3499 Dabney Drive	
13.20 CITY, ST, ZIP	Lexington, KY 40509	
13.21 TITLE	VP/Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.22 NAME	Pace, M. Ray	
13.23 STREET ADDRESS	3499 Dabney Drive	
13.24 CITY, ST, ZIP	Lexington, KY 40509	

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: *Charles D. Ellis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-96
606/357-7681
1/25/96

CR2E034 (12/95)