

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P26153 (7)

1. Corporation Name

ASPHALT INSTITUTE, INC.

Principal Place of Business

Mailing Address

RESEARCH PARK DR.  
PO BOX 14052  
LEXINGTON KY 40512-4052

RESEARCH PARK DR.  
PO BOX 14052  
LEXINGTON KY 40512-4052



3. Date Incorporated or Qualified 09/22/1989	3a. Date of Last Report 02/19/1996
4. FEI Number 61-1148531	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOYER, ROBERT E.  
ASPHALT INSTITUTE  
2639-B LISENBY AVE.  
PANAMA CITY FL 32405

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	MILLER, EDWARD L	
STREET ADDRESS	3896 RESEARCH PARK DRIVE	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BOTKIN, LINDA A.	
STREET ADDRESS	3896 RESEARCH PARK DRIVE	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PETERS, MARY ELLEN	
STREET ADDRESS	3896 RESEARCH PARK DR.	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SHARP, ORIN A JR.	
STREET ADDRESS	3896 RESEARCH PARK DRIVE	
CITY - ST - ZIP	LEXINGTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LANGDON, ROBERT L	
STREET ADDRESS	3896 RESEARCH PARK DRIVE	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUPP, RONALD L	
STREET ADDRESS	3896 RESEARCH PARK DRIVE	
CITY - ST - ZIP	LEXINGTON KY	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 2075550

CR2E037 (9/96)