FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 MAR 20 PM 2:03

DOCUMENT # P30503 (7)

1. Corporation Name
OKALOOSA ASPHALT, INC.

Principal Place of Business	Mailing Address
100 SUNSET LANE SHALIMAR FL 32579	100 SUNSET LANE SHALIMAR FL 32579

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/13/1990
3a. Date of Last Report: 03/03/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 63-1027113 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X $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: X Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORP. SYSTEM, INC
110 NORTH MAGNOLIA STREET
TALL. FL 32301

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DARNELL, J. CLOYCE	1.2 NAME		
STREET ADDRESS	100 SUNSET LANE	1.3 STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR FL	1.4 CITY-ST-ZIP		
TITLE	VTD	2.1 TITLE		X Change ☐ Addition
NAME	EIDSON, WAYNE E.	2.2 NAME		
STREET ADDRESS	1020 TWITCHELL ROAD	2.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		X Change ☐ Addition
NAME	WILLIAMS, JANE L.	3.2 NAME		
STREET ADDRESS	1020 TWITCHELL ROAD	3.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		X Change ☐ Addition
NAME	OWENS, CHARLES E.	4.2 NAME		
STREET ADDRESS	1020 TWITCHELL ROAD	4.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		X Change ☐ Addition
NAME	TORRENCE, SAMUEL M.	5.2 NAME		
STREET ADDRESS	1020 TWITCHELL ROAD	5.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP	DOTHAN AL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	O	☐ Change X Addition
NAME		6.2 NAME	S. Jackson Ware	
STREET ADDRESS		6.3 STREET ADDRESS	381 Twitchell Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dothan AL 36303	

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

SIGNATURE: S. Jackson Ware S. Jackson Ware 3/16/95 334-794-2631
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

030206D CP