

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30503 (7)

1. Corporation Name

OKALOOSA ASPHALT, INC.

Principal Place of Business

100 SUNSET LANE
SHALIMAR FL 32579

Mailing Address

100 SUNSET LANE
SHALIMAR FL 32579



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

08/13/1990

3a. Date of Last Report

03/20/1995

4. FEI Number

63-1027113

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. 189.032,
Florida Statutes



Yes

No

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

(Signature type for principal officer or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME DARNELL, J. CLOYCE
STREET ADDRESS 100 SUNSET LANE
CITY-STATE-ZIP SHALIMAR FL

TITLE VTD ☒ DELETE

NAME EIDSON, WAYNE E.
STREET ADDRESS 381 TWITCHELL RD
CITY-STATE-ZIP DOTHAN AL

TITLE S ☐ DELETE

NAME WILLIAMS, JANE L.
STREET ADDRESS 381 TWITCHELL RD
CITY-STATE-ZIP DOTHAN AL

TITLE D ☐ DELETE

NAME OWENS, CHARLES E.
STREET ADDRESS 381 TWITCHELL RD
CITY-STATE-ZIP DOTHAN AL

TITLE D ☐ DELETE

NAME TORRENCE, SAMUEL M.
STREET ADDRESS 381 TWITCHELL RD
CITY-STATE-ZIP DOTHAN AL

TITLE D ☒ DELETE

NAME WARE, JACKSON S
STREET ADDRESS 381 TWITCHELL RD
CITY-STATE-ZIP DOTHAN AL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

R. Alan Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96
Date

(334) 794-2631
Daytime Phone

CR2E034 (12/95)