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Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32579-1044



3. Date Incorporated or Qualified 08/13/1990	3a. Date of Last Report 03/08/1996
4. FEI Number 63-1027113	Applied For 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 85. Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
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	STD	2.1 TITLE	
NAME	PALMER, ALAN R.	2.2 NAME	
STREET ADDRESS	381 TWITCHELL RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	DOTHAN AL	2.4 CITY - ST - ZIP	
TITLE	AS	3.1 TITLE	
NAME	WILLIAMS, JANE L.	3.2 NAME	
STREET ADDRESS	381 TWITCHELL RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DOTHAN AL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	
NAME	OWENS, CHARLES E.	4.2 NAME	
STREET ADDRESS	381 TWITCHELL RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	DOTHAN AL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	TORRENCE, SAMUEL M.	5.2 NAME	
STREET ADDRESS	381 TWITCHELL RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	DOTHAN AL	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	
NAME	FIFE, DONALD M.	6.2 NAME	
STREET ADDRESS	100 SUNSET LANE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SHALIMAR FL	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 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 R. ALAN PALMER 2/28/97 (334) 794-2631  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (9/96)