


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 10/2

PROFIT CORPORATION ANNUAL REPORT 1997



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

97 AUG 20 AM 11:06

DOCUMENT # **P93000000510 (6)**
 1. Corporation Name
P & S PAVING, INC.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business: 2547 BELLEVUE AVE, SUITE B, DAYTONA BEACH FL 32114, US
 Mailing Address: 400 NORTH U.S. 1, SUITE B, ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 3701 Olson Dr., 22 Suite, Apt. #, etc.
 2a. Mailing Address: 26 3701 Olson Dr., 27 Suite, Apt. #, etc.
 City & State: 23 Daytona Beach, 28 Daytona Beach
 Zip: 24 32124, Country: 25 Volusia, 29 32124, 30 Volusia

3. Date Incorporated or Qualified: 01/08/1993
 3a. Date of Last Report: 07/17/1996
 4. FEI Number: 59-3155035
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
SIMPSON, SCOTT E
595 WEST GRANADA BLVD.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Applicable): 100002372961-9
 83 City, State, Zip: -08/20/97--01119--014
 84 City: FL, 85 Zip Code: ****165.00 ****165.00

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MARCUS C. STRICKLAND	
STREET ADDRESS	P.O. BOX 248 N/A	
CITY-ST-ZIP	BUNNELL FL 32010	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	TODD PHILLIPS	
STREET ADDRESS	12 GREEWVALE DR	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TIM PHILLIPS	
STREET ADDRESS	17 GREEWVALE	
CITY-ST-ZIP	ORMOND BCH FL 32174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Secretary, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Tim Phillips	
1.3 STREET ADDRESS	17 Greewvale Dr.	
1.4 CITY-ST-ZIP	Ormond Bch FL. 32174	
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Tim Phillips, 8/15/97 (904) 258-7911

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P & S PAVING, INC.

Telephone (904) 258-7911
Fax (904) 258-9313

3701 Olson Dr.
Daytona Beach, Fl. 32124

August 15, 1997

Florida Department Of State
Post Office Box 6327
Tallahassee, Florida 32314

RE: Profit Corporation Annual Report

To Whom It May Concern:

On August 15th, 1997 P & S Paving Inc. received our 1997 Profit Corporation Annual Report. The notice we received was labeled 2nd notice. This was our first and only notice we received. We notified your office at (904) 488-9000 and was notified to send this letter and a check to this address.

Thank you for your attention to this matter.

Sincerely,



Tim Phillips