

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000080641 (2)

1. Corporation Name

ASPHALT RESTORATION TECHNOLOGY OF FLORIDA, INC.



Principal Place of Business

7512 DR. PHILLIPS BLVD.
SUITE #50
ORLANDO FL 32819
US

Mailing Address

7512 DR. PHILLIPS BLVD.
SUITE #50
ORLANDO FL 32819
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
05/25/1995

4. FEI Number
59-3211205

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. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FASSETT, LADD H
14 EAST WASHINGTON ST.
SUITE 500
ORLANDO FL 32801

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, typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DT
NAME MUELLER, JOHN C
STREET ADDRESS 10356 COLONY COURT
CITY - ST - ZIP EDEN PRAIRIE MN ☐ DELETE

TITLE DVS
NAME MUELLER, CHARLENE A
STREET ADDRESS 10356 COLONY COURT
CITY - ST - ZIP EDEN PRAIRIE MN 55347 ☐ DELETE

TITLE D
NAME MUELLER, JOHN A
STREET ADDRESS 4913 DALE DR.
CITY - ST - ZIP EDINA MN 55424 ☒ DELETE

TITLE DP
NAME HEGERMAN, ROBERT A.
STREET ADDRESS 7673 PERSIAN COURT
CITY - ST - ZIP ORLANDO FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DTC ☒ Change ☐ Addition
1.2 NAME MUELLER, JOHN C
1.3 STREET ADDRESS 10120 Gristmill Ridge
1.4 CITY - ST - ZIP Eden Prairie, MN 55347

2.1 TITLE DVS ☒ Change ☐ Addition
2.2 NAME MUELLER, CHARLENE A
2.3 STREET ADDRESS 10120 Gristmill Ridge
2.4 CITY - ST - ZIP Eden Prairie, MN 55347

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96

612-448-6004

Date

Daytime Phone #

CR2E034 (12/95)