

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 # P94000024962 (0)

1. Corporation Name

STATE ASPHALT CORP.



Principal Place of Business

2205 E. MAIN ST.  
LEESBURG FL 34748

Mailing Address

P.O. BOX 490327  
LEESBURG FL 34749-0327

3. Date Incorporated or Qualified  
03/28/1994

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

21 1250 Mt. Homer Road

Suite, Apt. #, etc.

22 City & State

23 Eustis, Florida

Zip

24 32726

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 1135

Suite, Apt. #, etc.

27 City & State

28 Tavares, Florida

Zip

29 32778-1135

Country

30 U.S.

4. FEI Number  
59-3247630

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

SHAHER, STEPHEN R  
2205 E. MAIN ST.  
LEESBURG FL 34748

10. Name and Address of New Registered Agent

81 Name  
Gary L. Summers

82 Street Address (P.O. Box Number is Not Acceptable)  
380 West Alfred Street

83

84 City  
Tavares

FL

85 Zip Code

32778-3298

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

*Gary L. Summers*  
Signature of registered agent or printed name of registered agent and the date it is made

Gary L. Summers

(NOTE: Registered Agent Signature required when re-registering)

9/15/96  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SHAHER, STEPHEN R  
STREET ADDRESS 14505 PINE GLEN DR.  
CITY-ST-ZIP LEESBURG FL 34788

TITLE ~~D~~ ☒ DELETE  
NAME ~~SHAHER, STEPHANE A~~  
STREET ADDRESS ~~14505 PINE GLEN DR.~~  
CITY-ST-ZIP ~~LEESBURG FL 34788~~

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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: X

Stephen R. Shafer

4/12/96

(352) 357-9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)