

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 # P95000009365 (4)

1. Corporation Name

ASPHALT MAINTENANCE, INC.



Principal Place of Business

4149 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

Mailing Address

4149 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

2. Principal Place of Business

2a. Mailing Address

21 6845 Narcoossee Rd

26 6845 Narcoossee Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #52

27 #52

23 City & State  
Orlando, FL

28 City & State  
Orlando, FL

24 Zip Country

29 Zip Country

32822 Orange

30 32822 Orange

9. Name and Address of Current Registered Agent

GIBSON, STANLEY A  
4149 ST. AUGUSTINE ROAD  
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified  
01/31/1995

3a. Date of Last Report

Initial

4. FEI Number

59-3337454

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

10. Name and Address of New Registered Agent

81 Name

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

2314 Buckminster Circle

83

Orlando

84

Florida

FL

85

Zip Code  
32803

11. Pursuant to the provisions of Sections 607.0502 and 607.508, 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 607.505, Florida Statutes.

SIGNATURE

*Stanley A. Gibson*

Stanley A. Gibson

5/25/96

Signature, typed name of registered agent and not applicable

(Not for Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME GIBSON, STANLEY A  
STREET ADDRESS 4149 ST. AUGUSTINE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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:

*Stanley A. Gibson*

Signature and typed name of signing officer or director

5/25/96 (407) 380-0265

Date

Daytime Phone #

CR2E034 (12/95)