FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000021171 (0)

DAWSON CUSTOM PAVERS, INC.

Principal Place		Mailing Address 108 CAMBRIDGE LN ROYAL PALM BEACH FL	33411-1547		
				3. Date Incorporated or Qualified 03/14/1995	3a. Date of Last Report 08/29/1996
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	211412	26		65-0578165	Not Applicable
Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27				Fee Required	
23 28 28 City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29	30		Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	egistered Agent
	vson, Joseph W		81 Name		
108 CAMBRIDGE LN			82 Street Add	iress (P.O. Box Number is Not Acceptal	ble)
ROYAL PALM BEACH FL 33411					
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607.1508. Florida Statu	tes, the above-named cor	rooration submits this statement for the	
office or r	egistered agent, or both, in the Stat	te of Florida, Such change was	authorized by the corpora	poration submits this statement for the ation's board of directors. I hereby acce	pt the appointment as registered
ı	in rannial wan, and accopt the con-	gations of occion opriocos, re	No.	AVA	1/1/2/2
SIGNATURE	Signature, typind or purbout name of registured a	gent and title if applicable (NO)	E: Registered Agent slank / e equ	red when reductating)	Off
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	·······
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition
NAME	DAWSON, JOSEPH W		1.2 NAME		
STREET ADDRESS	147 MARTIN CIRCLE	144	1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH FL 334		1.4 CITY - ST - ZIP		Change
TITLE		DELETE	21 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZiP 3.1 TITLE		Change Addition
NAVE		C VICEIL	3.1 TITLE 3.2 NAME		First Asserting Free Languages
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		·
STREET AODRESS			4 3 STREET ADDRESS		·
CITY-SI-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

IN ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF

1/12/92

(561) 795-1157

FILED

Jan 29 1997 8:00am

Secretary of State