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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000031702

M & M ASPHALT MAINTENANCE, INC.

Fillicipal Flace of Business	Maning Address
1438 W. LANTANA RD.	1438 W. LANTANA RD.
SUITE #419	SUITE #419
LANTANA FL 33462	LANTANA FL 33462
US	US

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90008 029 ***150.00



District District Occiones Marillana Addanasa DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0650386 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. \Box 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip 8. This corporation owes the current year Intangible 25 30 Personal Property Tax. 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MAY, MARK 82 Street Address (P.O. Box Number is Not Acceptable) 1438 W. LANTANA RD. #419 LANTANA FL 33462 83 Zip Code 84 City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change ☐ Addition DELETE 1.1 TITLE TITLE MAY, MARK 1.2 NAME NAME 1438 W. LANTANA ROAD, #419 1.3 STREET ADDRESS STREET ADDRESS LANTANA FL 33462 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CiTY-ST-ZiP CITY-ST-ZIP Change ☐ Addition □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME

☐ Change ☐ Addition □ D€LETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4.2 NAME

5.1 TITLE

52 NAME

61 TIDE

☐ DELETE

☐ DELETE

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE AND

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Change

☐ Addition

■ Addition

CR2E034 (11/98)