

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 # P95000077844 (5)

1. Corporation Name

EAST COAST PAVING & EQUIPMENT, INC.



Principal Place of Business

7401 PINES BLVD. #119
PEMBROKE PINES FL 33024-7201

Mailing Address

7401 PINES BLVD. #119
PEMBROKE PINES FL 33024-7201

3. Date Incorporated or Qualified
10/05/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

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26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

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g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, MIKE
7401 PINES BLVD, #119
PEMBROKE PINES FL 33024-7201

81 Name

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

83

13300 SW 37 CT.

84

DAVIE

FL

85

Zip Code
33331

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 by officer or director of corporation or registered agent, if not applicable.

DATE: Registered Agent Signature required when re-stating.

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☐ DELETE

NAME

WHITE, MIKE

STREET ADDRESS

7401 PINES BLVD, #119

CITY - ST - ZIP

PEMBROKE PINES FL 33024-7201

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

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NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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

4/31/96

DISPATCH

CR2E034 (12/95)