## ALE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State
DIVISION OF CORPORATIONS

OCUMENT # P95000078028 (4)

ALL PRO ASPHALT, INC.

## FILED Apr 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 16150 RED BASS DRIVE 16150 RED BASS DRIVE JACKSONVILLE FL 32228 JACKSONVILLE FL 32226 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 10/11/1995 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 59-3337807 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BROWN, JAMES R 16150 RED BASS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32226 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algosture required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. DELETE Change 1.1 TITLE TITLE BROWN, J. R NAME 1.2 NAME 16150 RED BASS DRIVE STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BROWN, ELAINE N 2.2 NAME NAME 16150 RED BASS DRIVE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 2.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE T.J. HANCOCK NAME 3.2 NAME 16150 RED BASS DR. STREET ADDRESS 3.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition TITLE 5.1 TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

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.

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