

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000011888 (0)

1. Corporation Name
A B PAVING OF JAX, INC.

Principal Place of Business

5050 ELINOR RD
JACKSONVILLE FL 32257

Mailing Address

5050 ELINOR RD
JACKSONVILLE FL 32257

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1996
3a. Date of Last Report

2. Principal Place of Business 21 5050 Elinor Rd Suite, Apt. #, etc. 22 City & State 23 Jax, FL 24 Zip 32257 25 Country USA	2a. Mailing Address 26 P.O. Box 56977 Suite, Apt. #, etc. 27 City & State 28 Jax, FL 29 Zip 32241 30 Country USA	4. FEI Number 59-3358164 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

BEAVOR, ALDON S
5050 ELINOR RD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD	1.1 TITLE	20000228165.00
NAME	BEAVOR, ALDON S	1.2 NAME	-08/29/97--01112--014
STREET ADDRESS	5050 ELINOR RD	1.3 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP	JACKSONVILLE FL 32257	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLLOUD, CHARLES M	2.2 NAME	
STREET ADDRESS	5050 ELINOR RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINESBURG, ALLISON I	3.2 NAME	
STREET ADDRESS	5050 ELINOR RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32257	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, on an attachment with an address.

SIGNATURE _____ DATE 8/26/97

CR2E034 (4/97)

A B Paving of Jax, Inc.
d/b/a **Asher & Son**
P.O. Box 56977
Jacksonville, Florida 32257
(904) 731-7325

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8-26-97

To: Florida Dept. of State

From: A B Paving of Jax, Inc.
d/b/a Asher & Son

I received a 2nd notice on our Profit Corp.
Annual Report for 1997. I promise you that
we never received a 1st notice.

I called your office and was told it was mailed
to us in January to our physical address at:

5050 Elinor Road
Jax, FL 32257

Our mailbox is on a dirt road and has been
knocked over several times. For that reason,
we have all mail go to our P.O. Box. We also
take our outgoing mail directly to the post
office.

I know that you must hear 1,000 excuses
a day, but this is the honest truth.

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To assure no delay in any future correspondence,
please use our P.O. Box address.

A B Paving of Jax, Inc.
P.O. Box 56977
Jacksonville, FL 32241

Thank you,

A handwritten signature in black ink, appearing to read 'Aldon S. Bearor', with a long horizontal stroke extending to the right.

Aldon S. Bearor
President
(904) 731-7325