

FILED

Apr 20 1998 8:00am  
Secretary of State

**DOCUMENT # P96000040917 (2)**  
1. Corporation Name  
**AL THE PAVER GUY, INC.**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Principal Place of Business        | Mailing Address                    |
| 6166 ADKINS AVE<br>NAPLES FL 33962 | 6166 ADKINS AVE<br>NAPLES FL 33962 |

|                                |  |  |                        |  |  |   |  |
|--------------------------------|--|--|------------------------|--|--|---|--|
|                                |  |  |                        | 3. Date Incorporated or Qualified<br><b>05/06/1996</b> |  |   |  |
| 2. Principal Place of Business |  |  | 2a. Mailing Address    |  |  | 4. FEI Number   |  |
| 21 Suite, Apt. #, etc.         |  |  | 26 Suite, Apt. #, etc. |  |  | 65-0669936  |  |
| 22 City & State                |  |  | 27 City & State        |  |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 Zip                         |  |  | 28 Zip                 |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| 24 Country                     |  |  | 29 Country             |  |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

| 9. Name and Address of Current Registered Agent                     |           | 10. Name and Address of New Registered Agent       |           |
|---|-----------|--|-----------|
| <b>EDDY, AL</b><br><b>6166 ADKINS AVE</b><br><b>NAPLES FL 33962</b> | <b>81</b> | Name   |           |
|   | <b>82</b> | Street Address (P.O. Box Number is Not Acceptable) |           |
|   | <b>83</b> |  |           |
|   | <b>84</b> | City   | <b>FL</b> |

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 signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS                         |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PSVT<br>EDDY, ALFRED L<br>8166 ADKINS AVE<br>NAPLES FL <input type="checkbox"/> DELETE | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> DELETE  | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 chapter 607 is an attachment with an address.

SIGNATURE: *Alfred L. Eld.* Alfred L. Eld. 4-13-98 941  
733-0360

CB2E034 (10/97)