

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90108 040 ***150.00

DOCUMENT # P96000043041

1. Corporation Name

AMERISEAL HIGHWAY MATERIALS, INC.



Principal Place of Business

1275 CR 2/0 W
ST AUGUSTINE FL 32095

Mailing Address

P.O. BOX 4492
ST AUGUSTINE FL 32085

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1996

4. FEI Number

APPLIED FOR 59-3509861

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARTER, MELVIN O
1275 CR 2/0 W
ST AUGUSTINE FL 32095

81 Name

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

83

84 City

FL

85 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.

(NOT Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	CARTER, SHERAN L	
STREET ADDRESS	2D ZAMORA ST	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CARTER, MELVIN O	
STREET ADDRESS	2D ZAMORA ST	
CITY-STATE-ZIP	ST. AUGUSTINE FL 32095	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARTER, DARREN A	
STREET ADDRESS	1275 CR 2/0 W	
CITY-STATE-ZIP	ST AUGUSTINE FL 32095	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, SCOTT	
STREET ADDRESS	3629 NEWCASTLE CREEK DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MAXHIMER, JO ANN	
STREET ADDRESS	1924 BANBURY RD	
CITY-STATE-ZIP	JACKSONVILLE FL 32211	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS	1275 CR 210 W	
1.4 CITY-STATE-ZIP	St. Augustine FL 32095	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS	1275 CR 210 W	
2.4 CITY-STATE-ZIP	St. AUGUSTINE FL 32095	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS	1275 CR 210 W	
3.4 CITY-STATE-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

Sheran L. Carter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (904) 826-0101

Date

Daytime Phone #

CR2E034 (1/98)