FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P96000043041 1. Entity Name AMERISEAL HIGHWAY MATERIALS, INC. 04-12-2001 90546 010 ***150.00 Principal Place of Business Mailing Address 1275 CR 2/0 W P.O. BOX 4492 DUUUUUTA ST AUGUSTINE FL 32095 ST AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3509861 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent CARTER, MELVIN O Street Address (P.O. Box Number is Not Acceptable) 1275 CR 2/0 W ST AUGUSTINE FL 32095 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete ☐ Change CARTER, SHERAN L NAME NAME STREET ADDRESS 1275 CR 210 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 TITLE VSD ☐ Delete TITLE ☐ Change ☐ Addition CARTER, MELVIN O NAME NAME STREET ADDRESS STREET ADDRESS 1275 CR 210 W CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINE FL 32095 Delete TITLE TITLE ☐ Change ☐ Addition CARTER, DARREN A NAME NAME STREET ADDRESS 1275 CR 210 W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST AUGUSTINE FL 32095 TITLE ☐ Delete TITLE Change Addition WILLIAMS, SCOTT NAME NAME STREET ADDRESS 3629 NEWCASTLE CREEK DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32211 TITLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with appendix. With all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9.01

904826010

Daytime Phone #