

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jun 04, 2008 8:00 am**  
**Secretary of State**

06-04-2008 90006 022 \*\*\*150.00

DOCUMENT # P96000043041

1. Entity Name

AMERISEAL HIGHWAY MATERIALS, INC.



Principal Place of Business

1275 CR 210 W  
ST AUGUSTINE FL 32095

Mailing Address

P.O. BOX 4492  
ST AUGUSTINE FL 32085

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number 59-3509861

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MELVIN O  
1275 CR 210 W  
ST AUGUSTINE FL 32095

7. Name and Address of New Registered Agent

Name

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

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature requires when submitting)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008, Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME CARTER, SHERAN L  
STREET ADDRESS 1275 CR 210 W  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE VSD ☐ Delete  
NAME CARTER, MELVIN O  
STREET ADDRESS 1275 CR 210 W  
CITY-ST-ZIP ST. AUGUSTINE FL 32095

TITLE VP ☐ Delete  
NAME CARTER, DARREN A  
STREET ADDRESS 1275 CR 210 W  
CITY-ST-ZIP ST AUGUSTINE FL 32095

TITLE VP ☐ Delete  
NAME WILLIAMS, SCOTT  
STREET ADDRESS 3629 NEWCASTLE CREEK DR  
CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME V.P. Carter, Kevin  
STREET ADDRESS 1275 CR 210 W.  
CITY-ST-ZIP ST. Augustine, FL. 32095

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melvin O. Carter VSD 4/28/08 904-826-0101

Date

Phone/Fax #