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PROFIT CORPORATION * ANNUAL REPORT

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000095046 (4)

ASPHALT TECHNICAL CONSULTING, CORP.

Principal Place of Business Mailing Address 780 SOUTH VILLAGE DRIVE 780 SOUTH VILLAGE DRIVE #203 ST. PETERSBURG FL 33716-3133 ST. PETERSBURG FL 33716 3. Date Incorporated or Qualified 3a. Date of Last Report 11/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3422122 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Country Country Zip 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RADER, JOHN R SR 780 SOUTH VILLAGE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) 83 ST PETERSBURG FL FL337-16 84 City 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 (NOTE: Registered Agent signature required when rainstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. PRESIDENT/T, S. D. DO John R. RADZE SR. # 203 780 So. VIIIAGE PR. # 203 DELETE ☐ Change Addition TITLE 11 TITLE NAME 12 NAME STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP DELETE 21 IIILE Addition TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4. CITY - ST - ZIP CATY-ST-ZIP TITLE DELETE Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change DELETE ☐ Add₁tion 6.1 TILLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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, or on an attachment with an address.

6.4 CITY - S1 - ZIP

FILED
Jun 09 1997 8:00am
Secretary of State

