05241999-90012-039-\$150.00-\$150.00

May 24, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katheringdarris 05-24-1999 90012 039 ***150.00 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS - 1999 DOCUMENT # T.C. ASPHALT PAVING &NCONCRETE 1. Corporation Name I IRBIGI BILLE ALLIA JEIN GEBN Gerte Jier ten. INC. 6 9 7 569702 - 90015 - 6 Mailing Address Principal Place of Business 28720 S.R. 45 Sorrento F1.32776 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed Applied For 2. Principal Place of Business 2a. Mailing Address 59-3505855 Not Applicable 21 28720 STZ 46 Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 City & State ... 6. Election Campaign Financing City & State \$5.00 May Be Trust Fund Contribution_ Added to Fees Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition 1.1 TITLE TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition 2.1 TITLE 22 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP Change Addition DELETE 31 TITLE TITLE NAME 12 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY ST-ZIP CITY-ST- ZIP Addition DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 11 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change 61 TITLE DELETE TITLE 62 NAME NAME 63 STREET ADDRESS

4. I hereby cartify that the information supplied with this filing does not qualify for the exemption indicated 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.

64 CITY-ST-ZIP

SIGNATURE: A SIGNATURE AND TYPED OR PRINTED WANTE OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

5-11-99 (352) >35-6020

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