2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000096432 1. Entity Name TRANSCONTINENTAL PAVERS, INC.					FILED Feb 25, 2000 8:00 am Secretary of State 02-25-2000 90020 035 ***150.00			
Principal Place of Business Mailing Address								
2351 EST MALL DR. STE #313 FT MYERS FL 33901		2351 EST MALL DR. STE #313 FT MYERS FL 33901						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT W	RITE IN THIS SPAC		
-City & State		City & State		. 4.	FEI Number			plied For Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired		75 Addi Required	itional
	6. Name and Address of Current	Registered Agent	Nam		Name and Address of Nev	v Registered Ager	nt	
JACQUES, CHRISTIAN 2351 EST MALL DR. STE #313 FT MYERS FL 33901 /					Box Number is Not Accepta	ble) •		
		City				FL	Zip Code	,
Tax filing re	Signature, typed or printer hame of registered egent is ration is eligible to actisfy its Intangible equirement and elects to do so. (a on back)	·····	II FEE IS \$1: 00 Fee will be	\$550. 00	enstating) 10. Election Campaign Trust Fund Contribu		\$5.0	D May Be to Fees
11.	OFFICERS AND		12.	AI	DDITIONS/CHANGES TO C			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jacques,Chris 2351 East Mal		TITLE NAME STREET ADDRE CITY-ST-ZIP	:55			Change	Addition
	General dir. Avotte, bernard		TITLE NAME STREET ADDR	Jacqu	ICEPRESIDENT Change Add			Addition
CITY-ST-ZIP	Fort Myers Fl		CITY-ST-ZIP		Myers Fl 339			
TITLE NAME STREET ADDRESS CITY - ST-ZIP	Director De Souza Vale 2351 East Mal	dr ste#313 -	TITLE NAME STREET ADDR CITY - ST - ZIP	ISS	-		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> Fort-myers_fl</u>		TITLE NAME STREET ADDRE CITY-ST-ZIP	:ss			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Delete	TITLE NAME STREET ADDAE CITY-ST-ZIP	ISS (Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	1	Delete	TITLE NAME STREET ADDRE CITY-ST-ZIP	:SS			Change	Addition
indicated of the corp	ertify that the information supplied with on this report or supplemental reports poration or the receiver of trustee endo or on an attachment with an address, to	true and accurate and that m wared to execute this report a	iv signature sh	all have the same	lenal effect as if made und	ernath: that I am a	n officer (or director