FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -1 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **258724** **(4)**

1. Corporate Name
AJAX CONSTRUCTION CO., INC. OF TALLAHASSEE.

Principal Place of Business	Mailing Address
251 E HARRISON STR TALLAHASSEE FL 32301 US	P. O. BOX 1798 TALLAHASSEE FL 32302 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/07/1962**	3a. Date of Last Report: **04/12/1994**
4. FEI Number: **59-0969709**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. This corporation has assets for inventory tax under s. 196.062, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / County: 25	Zip: 29 / County: 30

9. Name and Address of Current Registered Agent

SMITH, DOUG C., CEO
1126 CARRIAGE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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] 4/26/95 KEVIN W. SMITH 4/26/95
(Registered Agent's signature required when qualifying) (Date) (Registered Agent's name if typed or printed) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	SMITH, DOUG C.	12 NAME	
STREET ADDRESS	7626 BUCKLAKE RD	13 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE, FL 00000	14 CITY, ST, ZIP	
TITLE	~~PVD~~	21 TITLE	☒ Change ☐ Addition
NAME	~~SMITH, J. BLOCK~~	22 NAME	Delete
STREET ADDRESS	~~1126 CARRIAGE RD.~~	23 STREET ADDRESS	
CITY, ST, ZIP	~~TALLAHASSEE, FL 00000~~	24 CITY, ST, ZIP	
TITLE	~~D~~	31 TITLE	☒ Change ☐ Addition
NAME	~~SMITH, IRENE~~	32 NAME	Delete
STREET ADDRESS	~~7626 BUCKLAKE RD.~~	33 STREET ADDRESS	
CITY, ST, ZIP	~~TALLAHASSEE FL~~	34 CITY, ST, ZIP	
TITLE	DS	41 TITLE	☐ Change ☐ Addition
NAME	SMITH, KAREN W.	42 NAME	
STREET ADDRESS	1126 CARRIAGE RD.	43 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	44 CITY, ST, ZIP	
TITLE	~~DT~~	51 TITLE	DV ☒ Change ☐ Addition
NAME	SMITH, KEVIN W.	52 NAME	
STREET ADDRESS	251 E. HARRISON STREET	53 STREET ADDRESS	
CITY, ST, ZIP	TALLAHASSEE FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 with an asterisk or other attachment with an address.

SIGNATURE: [signature] KEVIN W. SMITH 4/26/95 904/224-9571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0408445 FP