

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 15, 2004 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # 258724</b><br>1. Entity Name<br>AJAX BUILDING CORPORATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                      |                                           |
| Principal Place of Business<br>1080 COMMERCE BLVD<br>MIDWAY, FL 32343 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Mailing Address<br>1080 COMMERCE BLVD<br>MIDWAY, FL 32343 US         |                                                                                                                            |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      |                                                                                                                            |
| 6. Name and Address of Current Registered Agent<br><br>SMITH, KEVIN W<br>1080 COMMERCE BLVD<br>MIDWAY, FL 32343                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                      | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 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.<br><br>SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____                                                                                                                                                                                                                      |                                                                      |                                                                                                                            |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                      |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>SMITH, KEVIN W.<br>421 WILSON AVE<br>TALLAHASSEE, FL 32312     |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DV<br>BYRNE, WILLIAM P<br>4449 ROANOAK WAY<br>PALM HARBOR, FL 34685  |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DS<br>SMITH, JOHN B II<br>501 COLLINS DR<br>TALLAHASSEE, FL 32303    |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | T<br>LINDLAU, KENNETH<br>3416 DUNDALK DRIVE<br>TALLAHASSEE, FL 32303 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                      |                                                                                                                            |
| 12. I 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 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: <u>Kenneth Lindlau</u> <b>KENNETH LINDLAU</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                      | 1/7/04 850-229-9571                                                                                                        |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                      | <small>Date Daytime Phone #</small>                                                                                        |



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-0969709

|                |
|----------------|
| Applied For    |
| Not Applicable |

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

00000005909  
01/16/04-80012-002 150.00

**DO NOT WRITE  
IN THIS SPACE**