

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED

DOCUMENT # 258724 (4)

1. Corporation Name

AJAX CONSTRUCTION CO., INC. OF TALLAHASSEE.

95 MAY -1 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent

SMITH, DOUG C., CEO
1128 CARRIAGE ROAD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, 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] *[Signature]* *KEVIN W. SMITH* *4/26/95*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
2. NAME	SMITH, DOUG C.	2.1 NAME	
3. STREET ADDRESS	7626 BUCKLAKE RD	3.1 STREET ADDRESS	
4. CITY, ST, ZIP	TALLAHASSEE, FL 00000	4.1 CITY, ST, ZIP	
5. TITLE	PVD	5.1 TITLE	☒ Change ☐ Addition
6. NAME	SMITH, J. BLOCK	6.1 NAME	<i>Delete</i>
7. STREET ADDRESS	1126 CARRIAGE RD.	7.1 STREET ADDRESS	
8. CITY, ST, ZIP	TALLAHASSEE, FL 00000	8.1 CITY, ST, ZIP	
9. TITLE	D	9.1 TITLE	☒ Change ☐ Addition
10. NAME	SMITH, IRENE	10.1 NAME	<i>Delete</i>
11. STREET ADDRESS	7626 BUCKLAKE RD.	11.1 STREET ADDRESS	
12. CITY, ST, ZIP	TALLAHASSEE FL	12.1 CITY, ST, ZIP	
13. TITLE	DS	13.1 TITLE	☐ Change ☐ Addition
14. NAME	SMITH, KAREN W.	14.1 NAME	
15. STREET ADDRESS	1126 CARRIAGE RD.	15.1 STREET ADDRESS	
16. CITY, ST, ZIP	TALLAHASSEE FL	16.1 CITY, ST, ZIP	
17. TITLE	DT	17.1 TITLE	☒ Change ☐ Addition
18. NAME	SMITH, KEVIN W.	18.1 NAME	<i>DV</i>
19. STREET ADDRESS	251 E. HARRISON STREET	19.1 STREET ADDRESS	
20. CITY, ST, ZIP	TALLAHASSEE FL	20.1 CITY, ST, ZIP	
21. TITLE		21.1 TITLE	☐ Change ☐ Addition
22. NAME		22.1 NAME	
23. STREET ADDRESS		23.1 STREET ADDRESS	
24. CITY, ST, ZIP		24.1 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and claims no quality for the exemption stated in Section 139.02(3)(b), Florida Statutes. I further certify that the information is based on the annual report or supplemental annual report, 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 or Block 14 or on an attachment with an address.

SIGNATURE:

[Signature] *KEVIN W. SMITH*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 *904/224 4571*