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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 2:26

DOCUMENT # 201596 (4)

1. Corporation Name
PAVE-MARK CORPORATION

Principal Place of Business	Mailing Address
1855 PLYMOUTH ROAD NW P.O. BOX 94108 ATLANTA GA 30319	1855 PLYMOUTH ROAD NW P.O. BOX 94108 ATLANTA GA 30319

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/15/1957
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) / Country (30)

4. FEI Number: 59-0805297 ☐ 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 S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SMITH, MARTIN A
9801 COLLINS AVE #18F
BAL HARBOUR 33154

10. Name and Address of New Registered Agent

81 Name: C. T. Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): c/o C T Corporation System
83: 1200 South Pine Island Road
84 City: Plantation FL 85 Zip Code: 33324

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: Robert D. Fiechter, Asst. Secretary — DATE: January 18, 1995
(Signature and/or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MARTIN A	1.2 NAME	
STREET ADDRESS	1855 PLYMOUTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, HELEN B	2.2 NAME	
STREET ADDRESS	9801 COLLINS AVE #18F	2.3 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	
TITLE	TV	3.1 TITLE	☐ Change ☐ Addition
NAME	FINLEY, WALTER	3.2 NAME	
STREET ADDRESS	1855 PLYMOUTH RD NW	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JUDITH	4.2 NAME	
STREET ADDRESS	1855 PLYMOUTH RD NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☒ Change ☐ Addition
NAME	MCHUGH, DAVE	5.2 NAME	Delete
STREET ADDRESS	1855 PLYMOUTH RD NW	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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.

SIGNATURE: WALTER B. FINLEY 1/13/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0390871 FP