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

APPROVED AND FILED
95 APR 28 PM 5:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **694958** **(0)**

1. Corporation Name
AJAX PAVING INDUSTRIES, INC. OF FLORIDA

Principal Place of Business	Mailing Address
909-C TAMIAMI TRAIL P.O. BOX 220 MURDOCK FL 33938-7220	909-C TAMIAMI TRAIL P.O. BOX 220 MURDOCK FL 33938-7220

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/16/1981**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **38-2369567**	☐ 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	

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

HORAN, MICHAEL A
909-C TAMIAMI TRAIL
PORT CHARLOTTE FL 33953

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 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 Michael A. Horan April 25, 1995
Signature, Typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	JACOB, ELLEN	12 NAME	
STREET ADDRESS	ONE AJAX DR	13 STREET ADDRESS	
CITY-ST-ZIP	MADISON HTS, MI 0	14 CITY-ST-ZIP	
TITLE	DCT	21 TITLE	☐ Change ☐ Addition
NAME	JACOB, HERBERT H	22 NAME	
STREET ADDRESS	ONE AJAX DR	23 STREET ADDRESS	
CITY-ST-ZIP	MADISON HTS, MI 0	24 CITY-ST-ZIP	
TITLE	DPS	31 TITLE	☐ Change ☐ Addition
NAME	JACOB, JAMES	32 NAME	
STREET ADDRESS	ONE AJAX DR	33 STREET ADDRESS	
CITY-ST-ZIP	MADISON HTS, MI 0	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JACOB, STEVEN	42 NAME	
STREET ADDRESS	ONE AJAX DR	43 STREET ADDRESS	
CITY-ST-ZIP	MADISON HTS, MI 0	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 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: X James Jacob 4-25-95 810-398-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481778 FP