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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:34

DOCUMENT # **F92000000593 (5)**

1. Corporation Name
DANIS HEAVY CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
ATTN: TAX DEPARTMENT 2 RIVERPLACE, SUITE 300 DAYTON OH 45401-0544 US	ATTN: TAX DEPARTMENT P.O. BOX 544 DAYTON OH 45401-0544 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 31-1361002 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed 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	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHUTTE, HERBERT T	1.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	SEIFRIED, GEORGE C	2.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	☐ Change ☐ Addition
NAME	FULLER, JAMES W	3.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	3.4 CITY-ST-ZIP	
TITLE	VAS	4.1 TITLE	☐ Change ☐ Addition
NAME	DOYLE, MICHAEL M	4.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	☐ Change ☐ Addition
NAME	MONTGOMERY, JAMES S	5.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ULLIMAN, MATTHEW S	6.2 NAME	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTON OH 45405	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: Richard Russell 2/28/95 513-228-1225
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFYING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480700 FP