

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F92000000593 (5)**

1. Corporation Name

DANIS HEAVY CONSTRUCTION COMPANY



Principal Place of Business

Mailing Address

**2 RIVERPLACE
SUITE 200
DAYTON OH 45405
US**

**P O BOX 1510
DAYTON OH 45401-1510
US**

3. Date Incorporated or Qualified

12/09/1992

3a. Date of Last Report

01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

31-1361002

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SCHUTTE, HERBERT T	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	
CITY - ST - ZIP	DAYTON OH 45405	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SEIFRIED, GEORGE C	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	
CITY - ST - ZIP	DAYTON OH	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	FULLER, JAMES W	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	
CITY - ST - ZIP	DAYTON OH 45405	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	DOYLE, MICHAEL M	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	
CITY - ST - ZIP	DAYTON OH 45405	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MONTGOMERY, JAMES S	
STREET ADDRESS	2 RIVERPLACE, SUITE 200	
CITY - ST - ZIP	DAYTON OH 45405	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAMMOND, DARRELL	
STREET ADDRESS	7285 RESINDA DRIVE	
CITY - ST - ZIP	CENTERVILLE OH	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/13/97 (937) 228-1225

0508521

CR2E034 (9/96)