

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005071 (4)

1. Corporation Name

METRO PAVERS, INC.



Principal Place of Business

1722 STEVENS DRIVE
IOWA CITY IA 52240

Mailing Address

1722 STEVENS DRIVE
IOWA CITY IA 52240

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 P.O. Box 251

27 Suite, Apt. #, etc.

28 City & State

Iowa City, Iowa

29 Zip

52244

Country

30 USA

3. Date Incorporated or Qualified

10/18/1995

3a. Date of Last Report

4. FEI Number

42-0923784

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 PT ☐ DELETE
NAME ALBRECHT, KENNETH L
STREET ADDRESS 2929 N LIBERTY RD., N.E.
CITY-STATE-ZIP NORTH LIBERTY IA

TITLE VS ☐ DELETE
NAME KEMPF, WAYNE
STREET ADDRESS 604 LARCH LANE
CITY-STATE-ZIP IOWA CITY IA

TITLE V ☐ DELETE
NAME KEMPF, NICHOLAS R
STREET ADDRESS 7 PENN CIRCLE
CITY-STATE-ZIP IOWA CITY IA

TITLE V ☐ DELETE
NAME ALBRECHT, CRAIG S
STREET ADDRESS 3705 JOHNSTON WAY N.E.
CITY-STATE-ZIP NORTH LIBERTY IA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☒ Change ☐ Addition
1.2 NAME Kenneth L. Albrecht
1.3 STREET ADDRESS 2939 N Liberty Rd, NE
1.4 CITY-STATE-ZIP Iowa City Iowa 52317

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(k), 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

February 6, 1996

Date

(319)351-8800

Daytime Phone #

CR2E034 (12/95)