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Mar 31 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **G40764** (4)
1. Corporation Name
SANFORD CONCRETE & PAVEMENT MARKINGS, INC.



Principal Place of Business Mailing Address
% LOUIS P. THEISEN
600 HICKMAN CIRCLE, 14 INDUSTRIAL PARK
SANFORD FL 32771 **% LOUIS P. THEISEN**
600 HICKMAN CIRCLE, 14 INDUSTRIAL PARK
SANFORD FL 32771-6903

3. Date Incorporated or Qualified **05/24/1983** 3a. Date of Last Report **04/03/1996**
4. FEI Number **58-2289438** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required
6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country
24 Country 29 Zip Country
30

THEISEN, LOUIS P.
216 HICKMAN DR., 14
INDUSTRIAL PARK
SANFORD FL 32771

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
BARMAN, DOUGLAS N.
STREET ADDRESS **4010 DRAKE RD.**
CITY-ST-ZIP **NORWALK OH**
TITLE ☐ DELETE
NAME **STD**
HUG, STEVEN C.
STREET ADDRESS **1 JENNIFER WAY**
CITY-ST-ZIP **NORWALK OH**
TITLE ☐ DELETE
NAME **PD**
THEISEN, LOUIS P.
STREET ADDRESS **459 HAMPTONCREST CIRCLE**
CITY-ST-ZIP **HEATHROW FL**
TITLE ☐ DELETE
NAME **VD**
MCFADDEN, JAMES M.
STREET ADDRESS **PATTON TRACT RD.**
CITY-ST-ZIP **N MONROEVILLE OH**
TITLE ☐ DELETE
NAME **D**
REICHERT, GERALD
STREET ADDRESS **128 SYCAMORE DRIVE**
CITY-ST-ZIP **NORWALK OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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:

Louis P. Theisen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LOUIS P. THEISEN

3-23-97

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CR2E034 (9/96)