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 MAY -1 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01607** **(1)**

1. Corporation Name
AJAX PAVING INDUSTRIES, INC.

Principal Place of Business
ONE AJAX DRIVE
MADISON HEIGHTS MI 48071-2406

Mailing Address
ONE AJAX DRIVE
MADISON HEIGHTS MI 48071-2406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/13/1984
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 P.O. Box 220
27 Suite, Apt. #, etc.
28 City & State: Murdock FL
29 Zip: 33938-0220
30 Country: SA

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

9. Name and Address of Current Registered Agent

HORAN, MICHAEL A.
MASTER PLAZA
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 — DATE: April 25, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDT	11 TITLE	☐ Change ☐ Addition
NAME	JACOB, HERBERT H.	12 NAME	
STREET ADDRESS	680 LONE PINE ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD HILLS MI	14 CITY-ST-ZIP	
TITLE	PSD	21 TITLE	☐ Change ☐ Addition
NAME	JACOB, JAMES A.	22 NAME	
STREET ADDRESS	4849 KEW COURT	23 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	JACOB, ELLEN M.	32 NAME	
STREET ADDRESS	680 LONE PINE ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	BLOOMFIELD MI	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	JACOB, STEVEN E.	42 NAME	
STREET ADDRESS	32015 BEVERLY COURT	43 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM MI	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 — 810-328-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0447084 FP