

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90034 003 ***158.75

DOCUMENT # P01607

1. Corporation Name

AJAX PAVING INDUSTRIES, INC.

Principal Place of Business

ONE AJAX DRIVE
MADISON HEIGHTS MI 48071-2406

Mailing Address

P O BOX 380220
MURDOCK FL 33938-0220
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/13/1984

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 510 Gene GREEN Rd

27 Suite, Apt. #, etc.

28 Nokomis FL

29 34275-3624 30 USA

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 Horan, Michael A

82 Street Address (P.O. Box Number is Not Acceptable)

83 510 Gene Green Rd

84 City Nokomis

FL

85 Zip Code 34275

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 CDT
NAME JACOB, HERBERT H.
STREET ADDRESS 680 LONE PINE ROAD
CITY-ST-ZIP BLOOMFIELD HILLS MI

TITLE PSD
NAME JACOB, JAMES A.
STREET ADDRESS 4849 KEW COURT
CITY-ST-ZIP BIRMINGHAM MI

TITLE D
NAME JACOB, ELLEN M.
STREET ADDRESS 680 LONE PINE ROAD
CITY-ST-ZIP BLOOMFIELD MI

TITLE D
NAME JACOB, STEVEN E.
STREET ADDRESS 32015 BEVERLY COURT
CITY-ST-ZIP BIRMINGHAM MI

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-11-99

CR2E034 (11/98)