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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:42

DOCUMENT # P06553 (2)

1. Corporation Name
ARBY CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
19705 W. LINCOLN AVENUE NEW BERLIN WI 53146	19705 W. LINCOLN AVENUE NEW BERLIN WI 53146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/25/1985
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21 19705 W LINCOLN AVE
Suite, Apt. #, etc.
22
City & State
23 NEW BERLIN WI
Zip 24 53146 Country 25 WAUKESHA

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 39-0916394 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	KLUMB, DENNIS	1.2 NAME	
STREET ADDRESS	575 HWY. 24 RT 1	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST TROY WI	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	~~SCHKERYANT, ANDREW TRUST~~ OUT	2.2 NAME	
STREET ADDRESS	~~3975 S 124TH ST~~	2.3 STREET ADDRESS	
CITY-ST-ZIP	~~MILWAUKEE WI~~	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	KLUMB, MICHAEL	3.2 NAME	
STREET ADDRESS	19705 W. LINCOLN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN WI 53146	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	KLUMB, RICHARD	4.2 NAME	
STREET ADDRESS	19705 W LINCOLN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN, WI 53146	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	☐ Change ☐ Addition
NAME	KLUMB, SHAWN	5.2 NAME	
STREET ADDRESS	19705 W LINCOLN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BERLIN, WI 53146	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: _____ DENNIS G KLUMB 2/7/95 414-549-1911
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480200 FN