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 12:54

DOCUMENT # P17632 (1)

1. Corporation Name
DAVKIN INTERSTATE CONSTRUCTION, INC.

Principal Place of Business
1960 BROWN ROAD
GROVE CITY OH 43123

Mailing Address
1960 BROWN ROAD
GROVE CITY OH 43123

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/13/1988
3a. Date of Last Report: 02/03/1994
4. FEI Number: 31-1158102 — 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

2. Principal Place of Business
21 3511 FARM BANK WAY
Suite, Apt. #, etc.
22
City & State
23 GROVE CITY OHIO
Zip
24 43123
Country
25

2a. Mailing Address
26 3511 FARM BANK WAY
Suite, Apt. #, etc.
27
City & State
28 GROVE CITY OHIO
Zip
29 43123
Country
30

9. Name and Address of Current Registered Agent

KINCAID, KENNETH W.
313 WINTER GARDEN COURT
WINTER HAVEN FL 33881

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 ______

NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	KINCAID, DWIGHT D.
STREET ADDRESS	10062 OXFORD DR.
CITY-ST-ZIP	PICKERINGTON OH
TITLE	VSD
NAME	DAVIS, JERRY
STREET ADDRESS	1553 DEMOREST ROAD
CITY-ST-ZIP	COLUMBUS OH
TITLE	AS
NAME	DAVIS, LAURA L.
STREET ADDRESS	1553 DEMOREST ROAD
CITY-ST-ZIP	COLUMBUS OH
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	6720 CLARK STATE RD	
1.4 CITY-ST-ZIP	BLACKLICK OHIO 43004	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS	6406 KROPP ROAD	
2.4 CITY-ST-ZIP	GROVE CITY OH 43123	
3.1 TITLE		[X] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS	6406 KROPP ROAD	
3.4 CITY-ST-ZIP	GROVE CITY OH 43123	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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] Dwight D. Kincaid Pres 2/6/95 614/539-1188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0100046 FN