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 APR -3 PM 4:45

DOCUMENT # P21214 (2)

1. Corporation Name
FIRELANDS CONCRETE PAVING, INC.

Principal Place of Business	Mailing Address
12907 PATTEN TRACT ROAD MONROEVILLE OH 44847	12907 PATTEN TRACT ROAD MONROEVILLE OH 44847

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/07/1988
3a. Date of Last Report: 04/06/1994
4. FEI Number: 34-1278717 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	THEISEN, LOUIS P.	1.2 NAME	
STREET ADDRESS	459 HAMPTON CREST CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HEATHROW FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	THEISEN, KEVIN P.	2.2 NAME	
STREET ADDRESS	600 CHOCTAW ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	REICHERT, GERALD	3.2 NAME	
STREET ADDRESS	128 SYCAMORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, JAMES M.	4.2 NAME	
STREET ADDRESS	R.D. #1, PATTEN TRACT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MONROEVILLE OH	4.4 CITY-ST-ZIP	
TITLE	STD	5.1 TITLE	☐ Change ☐ Addition
NAME	HUG, STEVEN C.	5.2 NAME	
STREET ADDRESS	1 JENNIFER WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	BARMAN, DOUGLAS	6.2 NAME	
STREET ADDRESS	4010 DRAKE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH	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: X [signature] VICE PRESIDENT 3/28/95 419-668-8104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488340 FN