

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morahan,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P21214 (2)

1. Corporation Name

FIRELANDS CONCRETE PAVING, INC.

Principal Place of Business

12907 PATTEN TRACT ROAD
MONROEVILLE OH 44847

Mailing Address

12907 PATTEN TRACT ROAD
MONROEVILLE OH 44847



2. Principal Place of Business

2a. Mailing Address

21 1620 U.S. Rt. 20 West

26 1620 U.S. Rt. 20 West

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Norwalk, Ohio

Norwalk, Ohio

24

29

44857

44857

Country

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/07/1988

3a. Date of Last Report

04/03/1995

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0500 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 607.0600, Florida Statutes.

SIGNATURE

Name of Registered Agent (Print or Type Name)

Name of Registered Agent (Print or Type Name)

Date

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1.1 TITLE
2. NAME	1.2 NAME
3. STREET ADDRESS	1.3 STREET ADDRESS
4. CITY, ST, ZIP	1.4 CITY, ST, ZIP
5. TITLE	2.1 TITLE
6. NAME	2.2 NAME
7. STREET ADDRESS	2.3 STREET ADDRESS
8. CITY, ST, ZIP	2.4 CITY, ST, ZIP
9. TITLE	3.1 TITLE
10. NAME	3.2 NAME
11. STREET ADDRESS	3.3 STREET ADDRESS
12. CITY, ST, ZIP	3.4 CITY, ST, ZIP
13. TITLE	4.1 TITLE
14. NAME	4.2 NAME
15. STREET ADDRESS	4.3 STREET ADDRESS
16. CITY, ST, ZIP	4.4 CITY, ST, ZIP
17. TITLE	5.1 TITLE
18. NAME	5.2 NAME
19. STREET ADDRESS	5.3 STREET ADDRESS
20. CITY, ST, ZIP	5.4 CITY, ST, ZIP
21. TITLE	6.1 TITLE
22. NAME	6.2 NAME
23. STREET ADDRESS	6.3 STREET ADDRESS
24. 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)(g), 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. If 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, I am required to attach this report with an affidavit.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MCFADDEN, V.P. 2/20/96

418-668-8104

CR2E034 (12/95)