

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 21 1997 8:00am
Secretary of State

DOCUMENT # **P21214**

(2)

1. Corporation Name
FIRELANDS CONCRETE PAVING, INC.



Principal Place of Business

1620 US RT 20 WEST
NORWALK OH 44857
US

Mailing Address

1620 US RT 20 WEST
NORWALK OH 44857-9549
US

3. Date Incorporated or Qualified
10/07/1988

3a. Date of Last Report
02/27/1996

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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	PD	DELETE
NAME	THEISEN, LOUIS P.	
STREET ADDRESS	459 HAMPTON CREST CIRCLE	
CITY-ST-ZIP	HEATHROW FL	
TITLE	VD	DELETE
NAME	THEISEN, KEVIN P.	
STREET ADDRESS	600 CHOCTAW ST.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	DELETE
NAME	REICHERT, GERALD	
STREET ADDRESS	128 SYCAMORE DR.	
CITY-ST-ZIP	NORWALK OH	
TITLE	VD	DELETE
NAME	MCFADDEN, JAMES M.	
STREET ADDRESS	R.D. #1, PATTEN TRACT RD	
CITY-ST-ZIP	MONROEVILLE OH	
TITLE	STD	DELETE
NAME	HUG, STEVEN C.	
STREET ADDRESS	1 JENNIFER WAY	
CITY-ST-ZIP	NORWALK OH	
TITLE	VD	DELETE
NAME	BARMAN, DOUGLAS	
STREET ADDRESS	4010 DRAKE ROAD	
CITY-ST-ZIP	NORWALK OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytone Press

(419) 668-9165

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