FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90060 012 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	1000	<u> </u>		⊣	
DOCUI	MENT # P21214				
FIRELANDS CONCRETE PAVING, INC.					
I IIILLAN	DO CONONE LE L'AVINCIA INC	.		I KARIJAAN NIA THARI HIRIA NIARI HIRIA ANGLERIAN ANGLERIAN ANGLERIAN ANGLERIAN ANGLERIAN ANGLERIAN ANGLERIAN A	11811 #1811 BYB I BIBIT BYBY 1881
Principal Place	e of Business	Mailing Address	1.27	**************************************	(1987) PIPYI DIBIL ATEN DIBIL INDI
1620 US RT 20	WEST	1620 US RT 20 WEST			
NORWALK OH		NORWALK OH 44857		DO NOT WRITE IN THIS	SPACE
us		US		Date Incorporated or Qualifed	3 SFACE
				10/07/1988	
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Principal P	·	26		34-1278717	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State	•	6. Election Campaign Financing	\$5.00 May Be
23		28	· ia	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	
24	25	29 3	0]	Personal Property Tax. 10. Name and Address of New Registered	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered	Agent
CT	CORPORATION SYSTEM				
1200 S. PINE ISLAND ROAD		. , 82 Street Add	ress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83		
, .					OF Tip Code
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named con	poration submits this statement for the purpose o	f changing its registered
f office or r	registered agent, or both, in the State or im familiar with, and accept the obligati	it Flonda. Such change was auti	ionzed by the corporati	ion's board of directors. I hereby accept the appo	intment as registered
, ,	in lamina that, and accept the engage		·		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature require		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	PD	☐ DELETE	1,1 TITLE		□ orlarige □ 1766%on
NAME	THEISEN, LOUIS P.		1.2 NAME		
STREET ADDRESS	459 HAMPTON CREST CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	VD		2.2 NAME		_ , —
NAME STREET ADDRESS	THEISEN, KEVIN P. 600 CHOCKTAW ST.		2.3 STREET ADDRESS		
	LAKE MARY FL		2 4 CITY-ST-ZIP	الراجع المحتف للمارات المحادث المحادث	باستان العاسا
TITLE	VD VD	☐ DELETE	3.1 TITLE	-	☐ Change ☐ Addition
NAME	REICHERT, GERALD		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK OH		3.4. CITY-ST-ZIP		<u></u>
TITLE	VD	☐ DELETE	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		[T] Change [T] & Julius-
TITLE	STD	☐ DELETE	5.1 TITLE		Change Addition
NAME	HUG, STEVEN C.		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	NORWALK OH	□ Sciett	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE	VD	☐ DELETE	6.2 NAME		□ cuange □ radiiion
NAME	BARMAN, DOUGLAS				
STREET ADDRESS	4010 DRAKE ROAD		6.3 STREET ADDRESS		

NORWALK OH CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

(419) 668 - 9165