

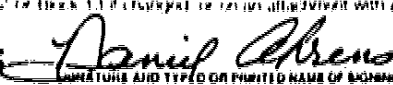
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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P21534 (3) 1. Corporation Name AHRENS CONCRETE COMPANY			
Principal Place of Business 1130 GILBERT ST IOWA CITY IA 52240 US		Mailing Address 1130 GILBERT ST IOWA CITY IA 52240 US	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 State, Apt. #, etc. 26 City & State 27 Zip 28 Country 29 Case #	
9. Name and Address of Current Registered Agent HABER, DENNIS R. L.E. BERMAN HABER 9350 DIXIE HWY PH2 MIAMI FL 33156			
10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code			
11. Pursuant to the provisions of Sections 607.07(2) and 607.1500, 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 607.07(2), Florida Statutes.			
SIGNATURE Signature of Agent (print name of registered agent and fee payable) Signature of Registered Agent (signature of registered agent) (Date)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME P AHRENS, DANIEL STREET ADDRESS 1130 GILBERT ST CITY, ST, ZIP IOWA CITY IA		1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	
NAME VD AHRENS, RONALD STREET ADDRESS P.O. BOX 70 N/A CITY, ST, ZIP HARPER IA		2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP	
NAME S AHRENS, MARJORIE STREET ADDRESS P.O. BOX 70 N/A CITY, ST, ZIP HARPER IA		3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP	
NAME C SIMMONS, MAXINE STREET ADDRESS 1130 GILBERT ST CITY, ST, ZIP IOWA CITY IA		4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP		5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	
NAME STREET ADDRESS CITY, ST, ZIP		6.1 TITLE ☐ Change ☐ Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted 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 217, Florida Statutes, and that my name appears in block 12 or block 13 if changed or new addition with an address.			
SIGNATURE: 		6-27-95 319-354-3170	
SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR		TYPED NAME	