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

APPROVED AND FILED

95 MAY -1 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35708** **(7)**

1. Corporation Name

ASHFORD CONCRETE REAL ESTATE CORPORATION

Principal Place of Business	Mailing Address
HENRIETTA ROAD SPRINGVILLE NY 14141	PO BOX 189 SPRINGVILLE NY 14141 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/30/1991**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **16-0865241** ☐ 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

9. Name and Address of Current Registered Agent

NATIONWIDE INFORMATION SERVICES, INC.
502 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☐ Change ☒ Addition
NAME	RIEFLER, MONTE P.	12 NAME	Paul C. Riefler	
STREET ADDRESS	5690 CAMP ROAD	13 STREET ADDRESS	5690 Camp Road	
CITY-ST-ZIP	HAMBURG NY	14 CITY-ST-ZIP	Hamburg, NY	
TITLE	VD	21 TITLE	D	☐ Change ☒ Addition
NAME	RIEFLER, GROVER H.	22 NAME	Charles Koller	
STREET ADDRESS	HENRIETTA ROAD	23 STREET ADDRESS	5690 Camp Road	
CITY-ST-ZIP	SPRINGVILLE NY	24 CITY-ST-ZIP	Hamburg, NY	
TITLE	S/V/T	31 TITLE	S	☐ Change ☒ Addition
NAME	MARRACINO, ARTHUR D	32 NAME	Laurel Almand	
STREET ADDRESS	HENRIETTA ROAD	33 STREET ADDRESS	5690 Camp Road	
CITY-ST-ZIP	SPRINGVILLE NY	34 CITY-ST-ZIP	Hamburg, NY	
TITLE	S	41 TITLE		☐ Change ☐ Addition
NAME	SIMINSKI, BEVERLY	42 NAME		
STREET ADDRESS	HENRIETTA ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	SPRINGVILLE NY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BECKER, PHILIP A.	52 NAME		
STREET ADDRESS	BEACHWOOD DRIVE	53 STREET ADDRESS		
CITY-ST-ZIP	LAKE VIEW NY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	MAGAVERN, WILLARD J., JR	62 NAME		
STREET ADDRESS	46 MAIN STREET	63 STREET ADDRESS		
CITY-ST-ZIP	HAMBURG NY	64 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: Beverly Siminski, CMP — 4/27/95 — 716-592-4955
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #
BEVERLY J. SIMINSKI

048478 FN