

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P35708** (7)
1. Corporation Name
ASHFORD CONCRETE REAL ESTATE CORPORATION



Principal Place of Business
**31643 EXECUTIVE BLVD.
LEESBURG FL 34749-0914**

Mailing Address
**PO BOX 189
SPRINGVILLE NY 14141
US**

3. Date Incorporated or Qualified
09/30/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 16-0865241	Applied For ☐ Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

**HRAWG CORP.
2000 GLADES ROAD
SUITE 400
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	FL 85

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 of the person who is the registered agent or the person who is the registered agent's authorized representative.

Signature of the Registered Agent or the person who is the registered agent's authorized representative.

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	RIEFLER, MONTE P.	1.2 NAME	
STREET ADDRESS	5690 CAMP ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	HAMBURG NY	1.4 CITY-STATE-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	RIEFLER, GROVER H.	2.2 NAME	
STREET ADDRESS	HENRIETTA ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRINGVILLE NY	2.4 CITY-STATE-ZIP	
TITLE	SVT	3.1 TITLE	☐ Change ☐ Addition
NAME	MARRACINO, ARTHUR D	3.2 NAME	
STREET ADDRESS	HENRIETTA ROAD	3.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRINGVILLE NY	3.4 CITY-STATE-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	SIMINSKI, BEVERLY	4.2 NAME	
STREET ADDRESS	HENRIETTA ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	SPRINGVILLE NY	4.4 CITY-STATE-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BECKER, PHILIP A.	5.2 NAME	
STREET ADDRESS	BEACHWOOD DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKE VIEW NY	5.4 CITY-STATE-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MAGAVERN, WILLARD J., JR	6.2 NAME	
STREET ADDRESS	46 MAIN STREET	6.3 STREET ADDRESS	
CITY-STATE-ZIP	HAMBURG NY	6.4 CITY-STATE-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)(k), Florida Statutes. I further certify that the information included 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur Harrington

6-2-96

116-572-4915

CR2E034 (12/95)