

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

FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35708 (7)  
1. Corporation Name  
ASHFORD CONCRETE REAL ESTATE CORPORATION



Principal Place of Business  
31643 EXECUTIVE BLVD.  
LEE8BURG FL 34749-0914

Mailing Address  
PO BOX 189  
SPRINGVILLE NY 14141  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/30/1991	
21		26		4. FEI Number 16-0865241	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
24		25		29	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIEFLER, MONTE P.		1.2 NAME	
STREET ADDRESS	5800 CAMP ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG NY		1.4 CITY-ST-ZIP	
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIEFLER, GROVER H.		2.2 NAME	
STREET ADDRESS	HENRIETTA ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGVILLE NY		2.4 CITY-ST-ZIP	
TITLE	SVT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRACINO, ARTHUR D		3.2 NAME	
STREET ADDRESS	HENRIETTA ROAD		3.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGVILLE NY		3.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMINSKI, BEVERLY		4.2 NAME	
STREET ADDRESS	HENRIETTA ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRINGVILLE NY		4.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, PHILIP A.		5.2 NAME	
STREET ADDRESS	BEACHWOOD DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE VIEW NY		5.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAGAVERN, WILLARD J., JR		6.2 NAME	
STREET ADDRESS	48 MAIN STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	HAMBURG NY		6.4 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.

SIGNATURE MARK E. HUFFMAN  
11/14/98 211-542-2854

CR2E034 (10/97)