

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000001898

**Entity Name:** HI-WAY PAVING, INC.

**Current Principal Place of Business:**

4343 WEAVER CT.  
P.O. BOX 550  
HILLIARD, OH 43026-0550

**Current Mailing Address:**

P.O. BOX 550  
HILLIARD, OH 43026 US

**FEI Number: 31-1257382**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WESSEL, EDWARD T.  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

Title            TREASURER  
Name            LAMONTE, MARK J  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

Title            DIRECTOR, CEO  
Name            KEITH, DUSTIN P.  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

Title            DIRECTOR  
Name            KEITH, CHARLES L,  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

Title            DIRECTOR  
Name            DREGLER, MARK  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

Title            SECRETARY  
Name            BOWMAN, MARC D.  
Address        4343 WEAVER CT.  
                  P.O. BOX 550  
City-State-Zip: HILLIARD OH 43026-0550

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARC D. BOWMAN**

**SECRETARY**

**04/21/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date