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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90065 029 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 807682

1. Corporation Name
PRICE BROTHERS COMPANY

Principal Place of Business 367 WEST SECOND ST. P.O. BOX 825 DAYTON OHIO 45401	Mailing Address 367 WEST SECOND ST. P.O. BOX 825 DAYTON OHIO 45401
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 08/17/1948	4. FEI Number 31-0411230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	CLIFT, JAMES B	
STREET ADDRESS	46 BRIAR HILL LANE	
CITY-ST-ZIP	DAYTON OH	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LORENZ, DONALD N	
STREET ADDRESS	101 BLUE GATE CIR, APT#4	
CITY-ST-ZIP	DAYTON OH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EVERS, BRADLEY W	
STREET ADDRESS	1734 WEATHERED WOOD TRAIL	
CITY-ST-ZIP	CENTERVILLE OH	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, GAYLE B JR	
STREET ADDRESS	4970 TAIT ROAD	
CITY-ST-ZIP	DAYTON, OHIO 4	
TITLE	VCB	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, HARRY S JR	
STREET ADDRESS	333 OAKWOOD AVENUE	
CITY-ST-ZIP	DAYTON OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SENIOR VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEE STOKTON	
2.3 STREET ADDRESS	852 BARNHART RD	
2.4 CITY-ST-ZIP	TROY OH 45373	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LESLIE D PAPE	
4.3 STREET ADDRESS	9009 S NORMANDY LANE	
4.4 CITY-ST-ZIP	CENTERVILLE OH 45458	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ARMAND W. TREMBLAY	
5.3 STREET ADDRESS	445 DUNNIGAN DR	
5.4 CITY-ST-ZIP	VANDALIA OH 45377	
6.1 TITLE	SP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	STEVEN M PAUL	
6.3 STREET ADDRESS	5625 ROYALWOOD DR	
6.4 CITY-ST-ZIP	DAYTON, OH 45429	

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, with all other like empowered.

SIGNATURE: Armand W. Tremblay V.P. TREMBLAY Date: Jan 15, 1999 Daytime Phone #: 937-226-8115

CR2E034 (1/98)