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 MAR -3 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04613 (8)

1. Corporation Name
DILORETO & SONS, INC.

Principal Place of Business	Mailing Address
2121 N.W. 15TH AVENUE POMPANO BEACH FL 33069	% CENTRAL INVESTMENT CORP P.O. BOX 42670 CINCINNATI OH 45242 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
10/31/1980	03/01/1994

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

4. FEI Number: 59-1998709 ☐ 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CAUDILL, R. W.	12 NAME	MILLER, GREG A.	
STREET ADDRESS	2 BANCHORY CT.	13 STREET ADDRESS	14 GLENCAIRN	
CITY-ST-ZIP	PALM BEACH GARDENS FL	14 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418	
TITLE	SD	21 TITLE		☐ Change ☒ Addition
NAME	GAMSTETTER, N.C	22 NAME		
STREET ADDRESS	5578 CHATFIELD DR.	23 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD OH	24 CITY-ST-ZIP	45014	
TITLE	VD	31 TITLE		☐ Change ☒ Addition
NAME	CHAPEL, M.S.	32 NAME		
STREET ADDRESS	3 HETHERINGTON CT.	33 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	34 CITY-ST-ZIP	34246	
TITLE	CD	41 TITLE		☐ Change ☒ Addition
NAME	KOONS, J.F. III	42 NAME		
STREET ADDRESS	8320 CAROLINE'S TRACE	43 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH	44 CITY-ST-ZIP	45242	
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	KOONS, J.F., IV	52 NAME		
STREET ADDRESS	6601 S. FLAGLER DR.	53 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL	54 CITY-ST-ZIP		
TITLE	VT	61 TITLE	VT	☒ Change ☐ Addition
NAME	SHELL, KEVEN E.	62 NAME	SHELL, KEVEN E.	
STREET ADDRESS	416 WASHINGTON AVE.	63 STREET ADDRESS	724 YALE AVENUE	
CITY-ST-ZIP	TERRACE PARK, OH	64 CITY-ST-ZIP	TERRACE PARK, OHIO 45174	

14. I hereby certify that the information supplied with this report 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: J Keven E Shell KEVEN E. SHELL 2-27-95 (513) 563-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0466645 FP