

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

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin,  
Secretary, State  
DIVISION OF CORPORATIONS

DOCUMENT # **F940000365**

1. Corporation Name  
**Philip M. Bell Co.**

1995 APR 2 1995 02

STATE  
FLORIDA

**700001469787**  
05/01/95--01077--007  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07-12-94** 3a. Date of Last Report  
**Initial filing**

21. Principal Place of Business <b>118 Northeast Drive Loveland, OH 45140</b>	26. Mailing Address <b>118 Northeast Drive Loveland, OH 45140</b>	4. FEI Number <b>31-0676264</b>	Applied For Not Applicable
22. Suite, Apt. #, etc. <b>27</b>	Suite, Apt. #, etc. <b>28</b>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State <b>29</b>	City & State <b>30</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. <b>24</b>	<b>25</b>	7. This corporation has authority for doing business under S. 1307/CSF, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T Corporation System 1200 South Pine Island Road Plantation, FL 33324</b>		10. Name and Address of New Registered Agent	
		81. Name <b>81</b>	
		82. Street Address (P.O. Box Number Is Not Acceptable) <b>82</b>	
		83. <b>83</b>	
		84. City <b>FL</b>	85. Zip Code <b>85</b>

11. Pursuant to the provisions of Sections 607.0507 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 set forth in 607.0506, Florida Statutes.

SIGNATURE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME STREET ADDRESS CITY, ST, ZIP	1. NAME 1. STREET ADDRESS 1. CITY, ST, ZIP	2. NAME 2. STREET ADDRESS 2. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	3. NAME 3. STREET ADDRESS 3. CITY, ST, ZIP	4. NAME 4. STREET ADDRESS 4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	5. NAME 5. STREET ADDRESS 5. CITY, ST, ZIP	6. NAME 6. STREET ADDRESS 6. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	7. NAME 7. STREET ADDRESS 7. CITY, ST, ZIP	8. NAME 8. STREET ADDRESS 8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	9. NAME 9. STREET ADDRESS 9. CITY, ST, ZIP	10. NAME 10. STREET ADDRESS 10. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	11. NAME 11. STREET ADDRESS 11. CITY, ST, ZIP	12. NAME 12. STREET ADDRESS 12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	13. NAME 13. STREET ADDRESS 13. CITY, ST, ZIP	14. NAME 14. STREET ADDRESS 14. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	15. NAME 15. STREET ADDRESS 15. CITY, ST, ZIP	16. NAME 16. STREET ADDRESS 16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	17. NAME 17. STREET ADDRESS 17. CITY, ST, ZIP	18. NAME 18. STREET ADDRESS 18. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	19. NAME 19. STREET ADDRESS 19. CITY, ST, ZIP	20. NAME 20. STREET ADDRESS 20. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	21. NAME 21. STREET ADDRESS 21. CITY, ST, ZIP	22. NAME 22. STREET ADDRESS 22. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	23. NAME 23. STREET ADDRESS 23. CITY, ST, ZIP	24. NAME 24. STREET ADDRESS 24. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	25. NAME 25. STREET ADDRESS 25. CITY, ST, ZIP	26. NAME 26. STREET ADDRESS 26. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	27. NAME 27. STREET ADDRESS 27. CITY, ST, ZIP	28. NAME 28. STREET ADDRESS 28. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY, ST, ZIP	29. NAME 29. STREET ADDRESS 29. CITY, ST, ZIP	30. NAME 30. STREET ADDRESS 30. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information contained in this form is accurately furnished and does not qualify for the exemptions stated in Sections 119.03(4)(b)(i), Florida Statutes. I further certify that this document includes all the information required by law and that my signature shall verify the contents of this document and that no other officer or director of the corporation has been empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 1, Column 1, of the attached list of officers and directors and their addresses.

SIGNATURE:  
  
Thomas J. Schutte

4/11/95 513-683-6300