

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000005412 (1)**

1. Corporation Name  
**PATTON WALLCOVERINGS, INC.**



Principal Place of Business

1106 RIDGE ST.  
COLUMBUS OH 43215

Mailing Address

1106 RIDGE ST.  
COLUMBUS OH 43215

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>10/18/1994</b>  | 3a. Date of Last Report<br><b>03/13/1995</b> |
| 4. FEI Number<br><b>31-1418769</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This Corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

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

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | <b>FL</b>   |
| 83  |             |
| 84 City   |             |

11. Pursuant to the provisions of Sections 607.04(2) and 607.1504, 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 607.04(2), Florida Statutes.

SIGNATURE

| 12. OFFICERS AND DIRECTORS   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                             |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
|--|---|---|---------------------------------|---------------------|---------------|--|-----------------------|---|--|------------|---|--|-----------|-------------|--|---------------------|------------------|--|-----------------------|-----------------------------------|--|------------|---|--|-----------|--------------|--|----------------------|------------------|--|------------------------|-----------------------------------|--|-------------|---|--|------------|-------------------|--|----------------------|------------------|--|------------------------|-----------------------------------|--|-------------|-----|---------------------------------|------------|------------|--|----------------------|----------------|--|------------------------|-------------------|--|-------------|--|---------------------------------|------------|--|--|----------------------|--|--|------------------------|--|--|---|-----------|--|---|-----------|--|--|---------------------|--|--|-----------------------|--|---|-----------|--|--|-----------|--|--|---------------------|--|---|-----------------------|---|--|-----------|--|--|----------------------|--|--|------------------------|---------------------------------|--|------------|--|--|----------------------|--|---|------------------------|--|--|------------|--|--|----------------------|---|--|------------------------|--|--|------------|--|--|----------------------|--|--|------------------------|--|--|
| <table border="1"> <tr> <td>12.1 NAME</td> <td>CP</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.2 STREET ADDRESS</td> <td>ASHTON, DEREK</td> <td></td> </tr> <tr> <td>12.3 CITY, STATE, ZIP</td> <td>1055 CLARK BLVD.<br/>BRAMPTON, ONTARIO, CANADA L6T3W-4</td> <td></td> </tr> <tr> <td>12.4 TITLE</td> <td>V</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>12.5 NAME</td> <td>NEAL, JAMES</td> <td></td> </tr> <tr> <td>12.6 STREET ADDRESS</td> <td>1055 CLARK BLVD.</td> <td></td> </tr> <tr> <td>12.7 CITY, STATE, ZIP</td> <td>BRAMPTON, ONTARIO, CANADA L6T3W-4</td> <td></td> </tr> <tr> <td>12.8 TITLE</td> <td>S</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>12.9 NAME</td> <td>KEENAN, JOHN</td> <td></td> </tr> <tr> <td>12.10 STREET ADDRESS</td> <td>1055 CLARK BLVD.</td> <td></td> </tr> <tr> <td>12.11 CITY, STATE, ZIP</td> <td>BRAMPTON, ONTARIO, CANADA L6T3W-4</td> <td></td> </tr> <tr> <td>12.12 TITLE</td> <td>T</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>12.13 NAME</td> <td>PRESTON, CLIFFORD</td> <td></td> </tr> <tr> <td>12.14 STREET ADDRESS</td> <td>1055 CLARK BLVD.</td> <td></td> </tr> <tr> <td>12.15 CITY, STATE, ZIP</td> <td>BRAMPTON, ONTARIO, CANADA L6T3W-4</td> <td></td> </tr> <tr> <td>12.16 TITLE</td> <td>VPF</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.17 NAME</td> <td>KING, GREG</td> <td></td> </tr> <tr> <td>12.18 STREET ADDRESS</td> <td>1106 RIDGE ST.</td> <td></td> </tr> <tr> <td>12.19 CITY, STATE, ZIP</td> <td>COLUMBUS OH 43215</td> <td></td> </tr> <tr> <td>12.20 TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.21 NAME</td> <td></td> <td></td> </tr> <tr> <td>12.22 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.23 CITY, STATE, ZIP</td> <td></td> <td></td> </tr> </table> | 12.1 NAME   | CP  | <input type="checkbox"/> DELETE | 12.2 STREET ADDRESS | ASHTON, DEREK |  | 12.3 CITY, STATE, ZIP | 1055 CLARK BLVD.<br>BRAMPTON, ONTARIO, CANADA L6T3W-4 |  | 12.4 TITLE | V | <input checked="" type="checkbox"/> DELETE | 12.5 NAME | NEAL, JAMES |  | 12.6 STREET ADDRESS | 1055 CLARK BLVD. |  | 12.7 CITY, STATE, ZIP | BRAMPTON, ONTARIO, CANADA L6T3W-4 |  | 12.8 TITLE | S | <input checked="" type="checkbox"/> DELETE | 12.9 NAME | KEENAN, JOHN |  | 12.10 STREET ADDRESS | 1055 CLARK BLVD. |  | 12.11 CITY, STATE, ZIP | BRAMPTON, ONTARIO, CANADA L6T3W-4 |  | 12.12 TITLE | T | <input checked="" type="checkbox"/> DELETE | 12.13 NAME | PRESTON, CLIFFORD |  | 12.14 STREET ADDRESS | 1055 CLARK BLVD. |  | 12.15 CITY, STATE, ZIP | BRAMPTON, ONTARIO, CANADA L6T3W-4 |  | 12.16 TITLE | VPF | <input type="checkbox"/> DELETE | 12.17 NAME | KING, GREG |  | 12.18 STREET ADDRESS | 1106 RIDGE ST. |  | 12.19 CITY, STATE, ZIP | COLUMBUS OH 43215 |  | 12.20 TITLE |  | <input type="checkbox"/> DELETE | 12.21 NAME |  |  | 12.22 STREET ADDRESS |  |  | 12.23 CITY, STATE, ZIP |  |  | <table border="1"> <tr> <td>13.1 NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.4 CITY, STATE, ZIP</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.5 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.6 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.7 STREET ADDRESS</td> <td></td> <td><input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>13.8 CITY, STATE, ZIP</td> <td><b>S</b><br/>PETER WALMSLEY<br/>1055 CLARK BLVD.<br/>BRAMPTON, ONTARIO CANADA L6T3W4</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>13.9 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.10 STREET ADDRESS</td> <td><b>T</b><br/>ART HAMPSON<br/>1055 CLARK BLVD</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>13.11 CITY, STATE, ZIP</td> <td>BRAMPTON, ONTARIO CANADA L6T3W4</td> <td></td> </tr> <tr> <td>13.12 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.13 STREET ADDRESS</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.14 CITY, STATE, ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.15 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.16 STREET ADDRESS</td> <td><b>P</b><br/>JIM PATTON<br/>400 S. US HIGHWAY ONE<br/>JUPITER FL 33477</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>13.17 CITY, STATE, ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.18 NAME</td> <td></td> <td></td> </tr> <tr> <td>13.19 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.20 CITY, STATE, ZIP</td> <td></td> <td></td> </tr> </table> | 13.1 NAME |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.2 NAME |  |  | 13.3 STREET ADDRESS |  |  | 13.4 CITY, STATE, ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.5 NAME |  |  | 13.6 NAME |  |  | 13.7 STREET ADDRESS |  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 13.8 CITY, STATE, ZIP | <b>S</b><br>PETER WALMSLEY<br>1055 CLARK BLVD.<br>BRAMPTON, ONTARIO CANADA L6T3W4 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 13.9 NAME |  |  | 13.10 STREET ADDRESS | <b>T</b><br>ART HAMPSON<br>1055 CLARK BLVD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | 13.11 CITY, STATE, ZIP | BRAMPTON, ONTARIO CANADA L6T3W4 |  | 13.12 NAME |  |  | 13.13 STREET ADDRESS |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | 13.14 CITY, STATE, ZIP |  |  | 13.15 NAME |  |  | 13.16 STREET ADDRESS | <b>P</b><br>JIM PATTON<br>400 S. 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| 12.1 NAME  | CP  | <input type="checkbox"/> DELETE   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.2 STREET ADDRESS  | ASHTON, DEREK   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.3 CITY, STATE, ZIP  | 1055 CLARK BLVD.<br>BRAMPTON, ONTARIO, CANADA L6T3W-4                             |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.4 TITLE   | V   | <input checked="" type="checkbox"/> DELETE  |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.5 NAME  | NEAL, JAMES   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.6 STREET ADDRESS  | 1055 CLARK BLVD.  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.7 CITY, STATE, ZIP  | BRAMPTON, ONTARIO, CANADA L6T3W-4   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.8 TITLE   | S   | <input checked="" type="checkbox"/> DELETE  |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.9 NAME  | KEENAN, JOHN  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.10 STREET ADDRESS   | 1055 CLARK BLVD.  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.11 CITY, STATE, ZIP   | BRAMPTON, ONTARIO, CANADA L6T3W-4   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.12 TITLE  | T   | <input checked="" type="checkbox"/> DELETE  |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.13 NAME   | PRESTON, CLIFFORD   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.14 STREET ADDRESS   | 1055 CLARK BLVD.  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.15 CITY, STATE, ZIP   | BRAMPTON, ONTARIO, CANADA L6T3W-4   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.16 TITLE  | VPF   | <input type="checkbox"/> DELETE   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.17 NAME   | KING, GREG  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.18 STREET ADDRESS   | 1106 RIDGE ST.  |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.19 CITY, STATE, ZIP   | COLUMBUS OH 43215   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.20 TITLE  |   | <input type="checkbox"/> DELETE   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.21 NAME   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.22 STREET ADDRESS   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 12.23 CITY, STATE, ZIP   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.1 NAME  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.2 NAME  |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.3 STREET ADDRESS  |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.4 CITY, STATE, ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.5 NAME  |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.6 NAME  |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.7 STREET ADDRESS  |   | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.8 CITY, STATE, ZIP  | <b>S</b><br>PETER WALMSLEY<br>1055 CLARK BLVD.<br>BRAMPTON, ONTARIO CANADA L6T3W4 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.9 NAME  |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.10 STREET ADDRESS   | <b>T</b><br>ART HAMPSON<br>1055 CLARK BLVD  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.11 CITY, STATE, ZIP   | BRAMPTON, ONTARIO CANADA L6T3W4   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.12 NAME   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.13 STREET ADDRESS   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.14 CITY, STATE, ZIP   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.15 NAME   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.16 STREET ADDRESS   | <b>P</b><br>JIM PATTON<br>400 S. US HIGHWAY ONE<br>JUPITER FL 33477               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.17 CITY, STATE, ZIP   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.18 NAME   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.19 STREET ADDRESS   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |
| 13.20 CITY, STATE, ZIP   |   |   |                                 |                     |               |  |                       |   |  |            |   |  |           |             |  |                     |                  |  |                       |                                   |  |            |   |  |           |              |  |                      |                  |  |                        |                                   |  |             |   |  |            |                   |  |                      |                  |  |                        |                                   |  |             |     |                                 |            |            |  |                      |                |  |                        |                   |  |             |  |                                 |            |  |  |                      |  |  |                        |  |  |   |           |  |   |           |  |  |                     |  |  |                       |  |   |           |  |  |           |  |  |                     |  |   |                       |   |  |           |  |  |                      |  |  |                        |                                 |  |            |  |  |                      |  |   |                        |  |  |            |  |  |                      |   |  |                        |  |  |            |  |  |                      |  |  |                        |  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included in 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: *Gregory L. King* *Gregory L. King* 2/22/96 614-488-1881  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)