

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90025 009 ***150.00

DOCUMENT # F98000006503

1. Corporation Name GOLD MEDAL PRODUCTS CO.



Principal Place of Business 10700 MEDALLION DRIVE CINCINNATI OH 45241
Mailing Address 10700 MEDALLION DRIVE CINCINNATI OH 45241

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1998
4. FEI Number: 31-0515654
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 owes the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, J C SR	1.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KROEGER, DANIEL R	2.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEBHART, CHRISTOPHER W	3.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	3.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, ROBERT C	4.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	4.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS-LLOYD, SALLY	5.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, JOHN C JR	6.2 NAME	
STREET ADDRESS	10700 MEDALLION DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45241	6.4 CITY-ST-ZIP	

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: *CW Gebhart* VPFIN. 3/22/99 (513)769-7676

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CP 034 (11/00)