


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000006503
 1. Entity 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



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
31-0515654

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CTD
NAME	EVANS, J C SR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	PD
NAME	KROEGER, DANIEL R
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	GEBHART, CHRISTOPHER W
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	BURNS, ROBERT C
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VSD
NAME	EVANS-LLOYD, SALLY
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241
TITLE	VD
NAME	EVANS, JOHN C JR
STREET ADDRESS	10700 MEDALLION DRIVE
CITY - ST - ZIP	CINCINNATI, OH 45241

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CW Gebhart VP FIN 1/30/04 513 769-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #