

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30144** (0)
1. Corporation Name
TRI-C CONSTRUCTION COMPANY OF OHIO, INC.

Principal Place of Business 1765 MERRIMAN ROAD AKRON OH 44313	Mailing Address 1765 MERRIMAN ROAD AKRON OH 44313
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/12/1990	
4. FEI Number 34-1636772	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, 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
**C T 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	85 Zip Code
	FL

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	PETRARCA, ANTHONY A.
STREET ADDRESS	1765 MERRIMAN ROAD
CITY-ST-ZIP	AKRON OH
TITLE	VT <input type="checkbox"/> DELETE
NAME	PELECH, MICHAEL
STREET ADDRESS	1765 MERRIMAN ROAD
CITY-ST-ZIP	AKRON OH
TITLE	D <input type="checkbox"/> DELETE
NAME	PETRARCA, LENORA J.
STREET ADDRESS	1765 MERRIMAN ROAD
CITY-ST-ZIP	AKRON OH
TITLE	S <input type="checkbox"/> DELETE
NAME	DUFF, ANDREW R.
STREET ADDRESS	1765 MERRIMAN RD
CITY-ST-ZIP	AKRON OH
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	NOGGLE, D. BRUCE
STREET ADDRESS	1765 MERRIMAN ROAD
CITY-ST-ZIP	AKRON OH
TITLE	VCEO <input type="checkbox"/> DELETE
NAME	ROSS, DENIS A.
STREET ADDRESS	1765 MERRIMAN RD
CITY-ST-ZIP	AKRON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JEFFREY P. KEATING
2.3 STREET ADDRESS	1765 MERRIMAN ROAD
2.4 CITY-ST-ZIP	AKRON OH
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE *Michael Pelech* *3/16/98* **320-826-9971**

CR2E034 (10/97)