

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

DOCUMENT # P30144

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90079 035 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1990

4. FEI Number

34-1636772

Applied For

Not Applicable

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 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

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

FL

85 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS PETRARCA, ANTHONY A.
CITY-ST-ZIP 1765 MERRIMAN ROAD
AKRON OH

TITLE ☐ DELETE
NAME VT
STREET ADDRESS PELECH, MICHAEL
CITY-ST-ZIP 1765 MERRIMAN ROAD
AKRON OH

TITLE ☐ DELETE
NAME D
STREET ADDRESS PETRARCA, LENORA J.
CITY-ST-ZIP 1765 MERRIMAN ROAD
AKRON OH

TITLE ☐ DELETE
NAME S
STREET ADDRESS DUFF, ANDREW R.
CITY-ST-ZIP 1765 MERRIMAN RD
AKRON OH

TITLE ☐ DELETE
NAME VP
STREET ADDRESS KEATING, JEFFREY P
CITY-ST-ZIP 1765 MERRIMAN RD
AKRON OH

TITLE ☒ DELETE
NAME P
STREET ADDRESS ROSS, DENIS A.
CITY-ST-ZIP 1765 MERRIMAN RD
AKRON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 44313

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 44313

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 44313

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 44313

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP AKRON, OH 44313

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME PRESIDENT
6.3 STREET ADDRESS BRUCE WELSH
6.4 CITY-ST-ZIP 1765 MERRIMAN RD.
AKRON, OH 44313

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 for 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sponseller, VP 4/29/99 (330) 836-9971

CR2E034 (11/98)