

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

CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 MAY -1 AM 5:32

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P34609** (8)

1. Corporation Name  
**FINANCIAL HORIZONS DISTRIBUTORS AGENCY, INC.**

Principal Place of Business: **ONE NATIONWIDE PLAZA COLUMBUS OH 43215-2220 US**  
 Mailing Address: **ONE NATIONWIDE PLAZA 1-13-G1 COLUMBUS OH 43215-2220 US**

DO NOT WRITE IN THIS SPACE

2. Foreign Place of Business: [21] \_\_\_\_\_  
 2a. Mailing Address: [26] \_\_\_\_\_  
 22. State Apt. # etc. [27] \_\_\_\_\_  
 23. City & State: [28] \_\_\_\_\_  
 24. Co. Country: [25] \_\_\_\_\_  
 29. Zip: [29] \_\_\_\_\_  
 30. Country: [30] \_\_\_\_\_

3. Date incorporated or chartered: **07/01/1991**  
 3a. Date of Last Report: **05/01/1994**  
 4. FEI Number: **31-1316276**  
 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 has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 B1. Name: \_\_\_\_\_  
 B2. Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 B3. \_\_\_\_\_  
 B4. City: \_\_\_\_\_  
 B5. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607 (502) 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 (505), Florida Statutes.

SIGNATURE: \_\_\_\_\_  
Signature must be printed in full. If the registered agent is the corporation, the signature must be that of the president or director.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>CD</b>	<b>D. MCFERSON RICHARD</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>D</b>	<b>FRENZER, PETER F.</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	2. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>PD</b>	<b>MURPHY, TIMOTHY E.</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	3. TITLE: <b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>V</b>	<b>OAKLEY RICHARD A.</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	4. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VS</b>	<b>MCCUTCHAN, GORDON E.</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	5. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <b>VT</b>	<b>CIMNERO, JOSEPH F.</b> <b>ONE NATIONWIDE PLAZA</b> <b>COLUMBUS OH</b>	6. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing, voluntarily furnished and does not qualify for the exemption stated in Section 119.024 (1)(b), Florida Statutes. I further certify that the information included 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 registrar 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: *Joseph F. Ciminero*  
 SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Joseph F. Ciminero/VP-Treasurer**

4/26/95 Date 614-249-5844 Telephone Number