

FILE NOW: FILING FEE AFTER MAY 1ST IS \$100.00

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000004628 (3)

1. Corporation Name

CEDARWOOD ARCHITECTURAL, INC.

Principal Place of Business

1765 MERRIMAN RD.
AKRON OH 44313

Mailing Address

1765 MERRIMAN RD.
AKRON OH 44313

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

34-1611984

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KORLOS, T. STEPHEN JR
1765 MERRIMAN RD.
AKRON OH 44313

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
PELECH, MICHAEL W
1765 MERRIMAN RD.
AKRON OH 44313

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NOGGLE, D. BRUCE
1765 MERRIMAN RD.
AKRON OH 44313

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
SPONSELLER, ALAN W
1765 MERRIMAN RD.
AKRON OH

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
DUFF, ANDREW R
1765 MERRIMAN RD.
AKRON OH 44313

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
ANTHONY A PETRILLO
1765 MERRIMAN ROAD
AKRON OHIO 44313

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
LENORA J PETRILLO
1765 MERRIMAN ROAD
AKRON OH OH 44313

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

3/16/98

320-826-9771

CR2E034 (10/97)