

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

FILED
Apr 30 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 # F96000000460 (3)

1. Corporation Name

VICTOREEN, INC.
OLD VIC CORP.

Principal Place of Business

6000 COCHRAN RD
CLEVELAND OH 44139

Mailing Address

6000 COCHRAN RD
CLEVELAND OH 44139



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1996

4. FEI Number

98-0096734

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

2. Principal Place of Business

21 455 FORTUNE BLVD.

Suite, Apt. #, etc.

22

City & State

23 MILFORD, MA

Zip

24 01757

Country

2a. Mailing Address

26 455 FORTUNE BLVD.

Suite, Apt. #, etc.

27

City & State

28 MILFORD, MA

Zip

29 01757

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

☐ DELETE

TITLE

D
O'NEILL, GEORGE D

NAME

8000 COCHRAN RD
CLEVELAND OH 44139

STREET ADDRESS

CITY-ST-ZIP

TITLE

DST
O'NEILL, GROVER

NAME

8000 COCHRAN RD
CLEVELAND OH 44139

STREET ADDRESS

CITY-ST-ZIP

TITLE

DP
FRANCISCO, CHARLES C

NAME

8000 COCHRAN RD
CLEVELAND OH 44139

STREET ADDRESS

CITY-ST-ZIP

TITLE

ST
SHEA, MICHAEL W

NAME

8000 COCHRAN RD
CLEVELAND OH 44139

STREET ADDRESS

CITY-ST-ZIP

TITLE

V
LAPALOMENTO, JOSEPH A

NAME

8000 COCHRAN RD
CLEVELAND OH 44139

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☒ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

455 FORTUNE BLVD
MILFORD, MA 01757

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

455 FORTUNE BLVD
MILFORD, MA 01757

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

455 FORTUNE BLVD.
MILFORD, MA 01757

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

455 FORTUNE BLVD
MILFORD, MA 01757

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

V
JABLONSKI RICHARD

455 FORTUNE BLVD.
MILFORD, MA 01757

☐ 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

[Signature]

[Signature]

[Signature]

CR2E034 (10/97)