FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 5:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 551890 (7)

1. Corporation Name

OBGC CORPORATION
F/K/A BOCA GRANDE CLUB, INC.

100001480901
-05/09/95 -01096 --014
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5000 GASPARILLA ROAD BOCA GRANDE FL 33921 US	C/O THOMAS E. MISCHELL ONE EAST FOURTH STREET SUITE 800 CINCINNATI OH 45202 US

3. Date Incorporated or Qualified: 11/23/77
3a. Date of Last Report: 5/1/94

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt #, etc (22):
Suite, Apt #, etc (27):
City & State (23):
City & State (28):
Zip (24) Country (25):
Zip (29) Country (30):

4. FEI Number: 59-1783513 ☐ 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

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83:
84 City: Plantation FL 85 Zip Code: 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	☒ Change ☐ Addition
NAME	HARPER SIBLEY, JR.	12 NAME	
STREET ADDRESS	5000 GASPARILLA ROAD	13 STREET ADDRESS	
CITY ST ZIP	BOCA GRANDE FL 33921	14 CITY ST ZIP	
TITLE	DVPS	21 TITLE	☒ Change ☐ Addition
NAME	KARL J GRAFE	22 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	23 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	24 CITY ST ZIP	
TITLE	DVP	31 TITLE	☒ Change ☐ Addition
NAME	ROBERT C. LINTZ	32 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	33 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	34 CITY ST ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	ROBERT S. DRESSLER	42 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	43 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	44 CITY ST ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	THOMAS E. MISCHELL	52 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	53 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	FRED J. RUNK	62 NAME	
STREET ADDRESS	ONE EAST FOURTH STREET	63 STREET ADDRESS	
CITY ST ZIP	CINCINNATI OH 45202	64 CITY ST ZIP	

$8.75

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: T Mischell — Assistant Treasurer 4/28/95 (513) 579-2171
SIGNATURE AND TYPED OR PRINTED NAME OF BINDING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas E. Mischell