FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **832634** **(0)**

1. Corporation Name

MIDWESTERN BUILDERS, INC. A OHIO CORP

Principal Place of Business

12037 SOUTH AVENUE
P.O. BOX 437
NORTH LIMA OH 44452

Mailing Address

12037 SOUTH AVENUE
P.O. BOX 437
NORTH LIMA OH 44452

3. Date Incorporated or Qualified: **07/02/1974**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **34-1133297** ☐ 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 is subject to provisions of Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

MAJKA, JEAN B
5622 49TH AVENUE, SOUTH
KENNETH CITY FL 33709

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 607.1501 and 617.1501, 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. The above registered agent has been designated 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

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	HULL, GARY L	
STREET ADDRESS	7805 W. MIDDLETOWN ROAD	
CITY-ST-ZIP	SALEM OH	
TITLE	VP	☐ DELETE
NAME	HULL, ROBERT M	
STREET ADDRESS	513 TERRACE DRIVE	
CITY-ST-ZIP	PITTSBURG PA	
TITLE	TS	☐ DELETE
NAME	GAMBLE, DEBRA L	
STREET ADDRESS	7752 SILKWOOD	
CITY-ST-ZIP	WORTHINGTON OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
2 NAME		
3 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
6 NAME		
7 STREET ADDRESS		
8 CITY-ST-ZIP		
9 TITLE		☐ Change ☐ Addition
10 NAME		
11 STREET ADDRESS		
12 CITY-ST-ZIP		
13 TITLE		☐ Change ☐ Addition
14 NAME		
15 STREET ADDRESS		
16 CITY-ST-ZIP		
17 TITLE		☐ Change ☐ Addition
18 NAME		
19 STREET ADDRESS		
20 CITY-ST-ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		

CR2E034 (12/95)

14. I hereby certify that the information supplied with this filing complies with the requirements of s. 607.1501, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an indication that I am a new officer or director.

SIGNATURE: Gary L Hull GARY L. HULL 1-26-95 216 549-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number