

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

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95 MAY -1 PM 2:07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Mouton
Secretary of State
CONSTITUTIONAL CENTER BUILDING

DOCUMENT # 832737 (1)

**RUFF, THOMAS W. & COMPANY OF FLORIDA, INC. OHIO
CORP**

Principal Place of Business: **1114 DUBLIN RD. COLUMBUS OH 43215**
Mailing Address: **1114 DUBLIN RD COLUMBUS OH 43215**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/23/1974		3a. Date of Last Report 05/01/1994	
4. FEI Number 31-0849755		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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			
				FL		B5 Zip Code	

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.11(4), 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, sections 607.01(2)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
CD NAME: GORMAN, JOHN E STREET ADDRESS: 1114 DUBLIN RD CITY, ST, ZIP: COLUMBUS, OH 0		1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TD NAME: CRANE, JOHN J. STREET ADDRESS: 1114 DUBLIN RD CITY, ST, ZIP: COLUMBUS, OH 0		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
V NAME: GORMAN, CAROL J STREET ADDRESS: 1114 DUBLIN RD CITY, ST, ZIP: COLUMBUS, OH 0		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: CRYNOK, KATHLEEN G STREET ADDRESS: 911 ORLANDO AVE S CITY, ST, ZIP: MATLAND, FL 0		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5. NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true, correct, and does not qualify for the exemption stated in Sections 119.02(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I do not an officer or director of the corporation or the officer or director authorized to execute the report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing. I do not have any other information with an address.

SIGNATURE: *John J. Crane* **JOHN J. CRANE** **4/28/95** **614-487-4302**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR