

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 832737 (1)

1. Corporation Name
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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/23/1974	3a. Date of Last Report 05/01/1995
21		26		4. FEI Number 31-0849755	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, JOHN E	1.2 NAME	
STREET ADDRESS	1114 DUBLIN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRANE, JOHN J.	2.2 NAME	
STREET ADDRESS	1114 DUBLIN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, CAROL J	3.2 NAME	
STREET ADDRESS	1114 DUBLIN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS, OH 0	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRYNOK, KATHLEEN G	4.2 NAME	
STREET ADDRESS	911 ORLANDO AVE S	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND, FL 0	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORMAN, MICHAEL J.	5.2 NAME	
STREET ADDRESS	1114 DUBLIN RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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: John J Crane JOHN J CRANE 4/26/96 614-487-4302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)