

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 43215-1039
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/23/1974	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 31-0849755	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	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	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
	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *John J. Crane* **JOHN J. CRANE** **4/29/97** **614-489-4302**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)