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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 832737

(1)

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

Country

Principal Place of Business 1114 DUBLIN RD. COLUMBUS OH 43215

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

SIGNATURE:

Zip

21

22

Mailing Address

1114 DUBLIN RD. COLUMBUS OH 43215

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

27

28

**FILED** 

Feb 05 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

614-487-4302

Not Applicable

3. Date Incorporated or Qualified 07/23/1974

31-0849755

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FEI Number

24		9 30	<u> </u>			Personal Property Tax due June 30. L. Yes L. No	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
CT CORPORATION SYSTEM 81 Na							
1200 S. PINE ISLAND ROAD					Street Address	ss (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324				1	Street Addres	ss (P.O. Box Number is Not Acceptable)	
			83	<del>;</del>			
			1				
			84	1	City	85 Zip Code	
					<del></del> .	FL   50 25 0000	
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							
SIGNATORIC	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: R	egistered Age	jent s	signature required	when reinstailing) DATE	
12.	OFFICERS AND DI		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☐ DELETE	T.1 TITLE			Change Addition	
NAME	GORMAN, JOHN E		1.2 NAME				
STREET ADDRESS	1114 DUBLIN RD		1.3 STREET	T ADI	ORESS		
CiTY-ST-ZIP	COLUMBUS, OH 0		1.4 CITY - S				
TITLE	TD .	DELETE	2.1 TITLE	31-2	*	Change Addition	
NAME	CRANE, JOHN J.	<u> </u>	2.2 NAME		ĺ	_ · _ ·	
STREET ADDRESS	1114 DUBLIN RD		2,3 STREET	Y ADI	IDDECC		
1	COLUMBUS, OH 0						
CITY-ST-ZIP TITLE	V	DELETE	2. 4 CiTY - : 3.1 TITLE	51-4	ZIP	☐ Change ☐ Addition	
·	GORMAN, CAROL J	الم المرابع الم				C Grange	
NAME	1114 DUBLIN RD		3.2 NAME				
STREET ADDRESS	COLUMBUS, OH 0		3.3 STREET				
CITY - ST - ZIP	S	DELETE	3.4. CITY - 5	ST-Z	ZIP	Change Addition	
TITLE	_	I'' DETEIE	4.1 TITLE		1	L_1 Ghange L_1 Addition	
NAME	CRYNOCK, KATHLEEN G		4. 2 NAME		- 1		
STREET ADDRESS	911 ORLANDO AVE S		4.3 STREET	T ADO	ORESS		
CITY-ST-ZIP	MAITLAND, FL 0		4.4 CITY - S	ST-Ž	ŽIP		
TITLE	PD	☐ DELETE	5.1 TITLE			Change Addition	
NAME	GORMAN, MICHAEL J.		5.2 NAME				
STREET ADDRESS	1114 DUBLIN RD		5.3 STREET	T ADE	Dress		
CITY-ST-ZIP	COLUMBUS OH		5.4 CITY - S	ST-Z	zie		
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	T ADD	DRESS		
CITY-ST-ZIP			6.4 CITY~S				
14. I hereby certify that the information supplied with this filling 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 fegal 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.							

WRE REQUIRED

Country