FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 833229 (8)

1. Corporation Name

A.C. LEADBETTER & SON, INC.

Principal Place of Business	Mailing Address
110 ARCO DRIVE ~~P.O. BOX 7180~~ TOLEDO OH 43607-2900	110 ARCO DRIVE PO BOX 352110 TOLEDO OH 43635 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 34-4471766 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
STE. 420, LEWIS STATE BANK BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: THE PRENTICE-HALL CORP. SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
83: SUITE 105
84 City: TALLAHASSE FL 85 Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCE	11 TITLE	☐ Change ☐ Addition
NAME	LEADBETTER, JAMES	12 NAME	
STREET ADDRESS	110 ARCO DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	OAK, S.R.	22 NAME	
STREET ADDRESS	110 ARCO DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	SCHUELER, JAMES	32 NAME	
STREET ADDRESS	110 ARCO DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	TOMASEWSKI, JACK	42 NAME	
STREET ADDRESS	110 ARCO DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	LEADBETTER, SHIRLEY	52 NAME	
STREET ADDRESS	110 ARCO DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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: _____ 5/11/95 (813) 537-9081
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468129 FN