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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840533

(4)

W.C. STUMBO COMPANY

-	FILEI)
Jun 03	1997	8:00am
Secre	etary c	of State

Principal Place of Business 274 QUARRY STREET P O BOX 368 MARION OH 43301-7368		Mailing Address 274 QUARRY STREET P O BOX 368 MARION OH 43301-0368	274 QUARRY STREET					
					 Date Incorporated or Qualified 04/25/1978 	1 1	a. Date of Last Report 04/09/1996	
·	lace of Business	2a. Mailing Address			4. FEI Number	- 0170071001	Applied For	
Suite, Apt.	#, etc.	Suite, Apt #, etc.			31-0803720 5. Certificate of Status Desired	□ \$8.7	Not Applicable 5 Additional	
City & State	Δ	City & State				Fee	Required	
23		28			Election Campaign Financing Trust Fund Contribution)0 May Be ed to Fees	
Zip 24	Country 25	Z(p. 29	Cour 30	dry	8. This corporation has liability for Florida Statutes	or intangible tax unde	ors 199.032,	
	9. Name and Address of Curre			. ,	10. Name and Address of New F			
	CORPORATION SYSTEM		1	B1 Name				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324		ļī	32 Street Add	dress (P.O. Box Number is Not Accept	able)			
PDA	VIAIION FL 00024		1	33				
			},	B4 City	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	 85 Z	'ıp Code	
44 5	10 than 10 than 607.00	00 007 1/ 00 5 5			rporation submits this statement for the	FL	`	
SIGNATURE		pent and fire if applicable (NC ND DIRECTORS			ured when renesating) ADDITIONS/CHANGES TO OFF			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	SD Murray, Dixie Lee 274 Quarry St. Marion Oh	☐ DELETE				Chang	ge Addition	
TITLE NAME STREET ADORESS	PTD MURRAY, JACK A. 274 QUARRY ST. MARION OH	☐ DELETE	2 1 1170 2 2 NAM 2 3 STR	F ME EET ADDRESS		☐ Chang	ge Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEL TOSTO, JOSEPH J. 274 QUARRY ST. MARION OH	☐ DUEFE	3.1 THE 3.2 NAM 3.3 STR		, THE CONTROL OF THE	☐ Chan∢	ge Addition	
TITLE NAME STREET ADDRESS		☐ DELETE	4.1 THE 4. 2 NA	F		Chang	ge Addition	
CITY-ST-ZIP			4.4 CIT	7 - \$1 - 2(P				
NAME STREET ADDRESS CITY-ST-ZIP		☐ DLLÉTE				Chang	ge [] Addition	
TITLE NAME STREET ADDRESS		DELETE	6 1 TH L	F T		Chang	ge Addition	
CITY-ST-ZIP			6.4 CITY	'-ST-7IP				

14. I do 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 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.

CIONATURE.

SIGNETO MONGALISTA

5-28-97 614-383-2135