

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 845791

(3)

1. Corporation Name

R. MEEDER & ASSOCIATES, INC.

Principal Place of Business

6000 MEMORIAL DRIVE
P. O. BOX 7177
DUBLIN OH 43017

Mailing Address

6000 MEMORIAL DRIVE
P. O. BOX 7177
DUBLIN OH 43017-0777



3. Date Incorporated or Qualified

04/22/1980

3a. Date of Last Report

02/06/1996

4. FEI Number

31-0841498

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MEEDER, ROBERT S. S
308 TEQUESTA DR.
TEQUESTA FL 33469

10. Name and Address of New Registered Agent

81

Name

Robert S. Meeder Sr.

82

Street Address (P.O. Box Number is Not Acceptable)

184 GOLFVIEW DR.

83

84

City

TEQUESTA

FL

85

Zip Code

33469

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

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	MEEDER, SR ROBERT S	
STREET ADDRESS	308 TEQUESTA DR	
CITY-ST-ZIP	TEQUESTA FL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MEEDER, DONALD F	
STREET ADDRESS	2396 MIDDLESEX RD	
CITY-ST-ZIP	COLUMBUS OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VOELKER, PHILIP A	
STREET ADDRESS	8425 GREENSIDE DR	
CITY-ST-ZIP	DUBLIN OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ACOCK, SHERIE L.	
STREET ADDRESS	8749 CRAIGSTON CT.	
CITY-ST-ZIP	DUBLIN OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAKER, ROBERT, D	
STREET ADDRESS	8702 HAWICK CT N	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCCABE, STEVEN T.	
STREET ADDRESS	4794 CORDOBA ST	
CITY-ST-ZIP	HILLIARD OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	184 GOLFVIEW DR.
1.3 STREET ADDRESS	TEQUESTA FL 33469
1.4 CITY-ST-ZIP	
2.1 TITLE	VP
2.2 NAME	MEEDER, DONALD F
2.3 STREET ADDRESS	5766 LOCH MARKE CT N
2.4 CITY-ST-ZIP	DUBLIN OH 43017
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:

Robert S. Meeder Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VP

4/22/97

CR2E034 (9/96)