

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 849218 (3)

1. Corporation Name

THE GERBUS BROS. CONSTRUCTION CO.

Principal Place of Business

617 SHEPHERD DRIVE
CINCINNATI OH 45215

Mailing Address

617 SHEPHERD DRIVE
CINCINNATI OH 45215



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

30

9. Name and Address of Current 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

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.06(1) and 607.13(1), Florida Statutes, the above named corporation, submit 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 607.06(2), Florida Statutes.

SIGNATURE

(Signature of person authorized to file this report)

(Signature of Agent for Change of Registered Office or Agent)

Date

12. OFFICERS AND DIRECTORS

TITLE	CEO	☐ DELETE
NAME	GERBUS, RUDY J.	
STREET ADDRESS	617 SHEPHERD DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	☐ DELETE
NAME	GERBUS, ROBERT E.	
STREET ADDRESS	617 SHEPHERD DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	☐ DELETE
NAME	RUDY, GERBUS	
STREET ADDRESS	617 SHEPHERD DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	T	☒ DELETE
NAME	BARNHOUSE, MICHAEL D.	
STREET ADDRESS	617 SHEPHERD DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY-ST-ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY-ST-ZIP	
22. TITLE	☐ Change ☐ Addition
23. NAME	
24. STREET ADDRESS	
25. CITY-ST-ZIP	
26. TITLE	☐ Change ☐ Addition
27. NAME	
28. STREET ADDRESS	
29. CITY-ST-ZIP	
30. TITLE	☐ Change ☐ Addition
31. NAME	
32. STREET ADDRESS	
33. CITY-ST-ZIP	
34. TITLE	☐ Change ☐ Addition
35. NAME	
36. STREET ADDRESS	
37. CITY-ST-ZIP	

14. I do hereby certify that the information contained in this report is true and correct, and that I am an officer or director of the corporation and the person or persons authorized to make this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable on an attached sheet with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96

513-733-4770

CR2E034 (12/95)