

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE OF
DIVISION OF CORPORATIONS**

95 APR -4 AM 7:07

DOCUMENT # 857234 (9)

1. Corporation Name

OGLESBY CONSTRUCTION, INC.

Principal Place of Business

**1800 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857**

Mailing Address

**1800 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/27/1983

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

34-1233573

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0502 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 (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**PD
OGLESBY, MASON P.
1041 SOUTH NORWALK RD.
NORWALK OH**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**STD
OGLESBY, DELLENE
1041 SOUTH NORWALK RD.
NORWALK OH**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
LYNCH, RICHARD S.
17 PATRICIAN DR
NORWALK OH**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
MCFADDEN, JAMES
12807 PATTEN TRACT RD
MONROEVILLE OH**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
BARMAN, DOUGLAS
4010 DRAKE ROAD
NORWALK OH**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**VP
REICHERT, GERALD
128 SYCAMORE DRIVE
NORWALK OH**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

☐ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change

☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change

☐ Addition

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 110.07(3)(b), 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 partnership 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 both, in conjunction with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASON P. OGLESBY

3/31/95

(419) 668-0418