FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **857234** **(9)**

1. Corporation Name

OGLESBY CONSTRUCTION, INC.

Principal Place of Business

1600 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857

Mailing Address

1600 TOLEDO ROAD
PO BOX 380
NORWALK OH 44857

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address	Street Address
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **07/27/1983**

3a. Date of Last Report: **04/04/1995**

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 Section(s) 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: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	OGLESBY, MASON P.		12 NAME	
STREET ADDRESS	1041 SOUTH NORWALK RD.		13 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH		14 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	OGLESBY, DELLENE		22 NAME	
STREET ADDRESS	1041 SOUTH NORWALK RD.		23 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LYNCH, RICHARD S.		32 NAME	
STREET ADDRESS	17 PATRICIAN DR		33 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH		34 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MCFADDEN, JAMES		42 NAME	
STREET ADDRESS	12907 PATTEN TRACT RD		43 STREET ADDRESS	
CITY-ST-ZIP	MONROEVILLE OH		44 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	BARMAN, DOUGLAS		52 NAME	
STREET ADDRESS	4010 DRAKE ROAD		53 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH		54 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	REICHERT, GERALD		62 NAME	
STREET ADDRESS	128 SYCAMORE DRIVE		63 STREET ADDRESS	
CITY-ST-ZIP	NORWALK OH		64 CITY-ST-ZIP	

CR2E034 (12/95)

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)(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 with an indication for an address.

SIGNATURE: X Mason P. Oglesby — Mason P. Oglesby — Date — (419) 668-0418

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #