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FILED
May 07 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 # 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 44857-0380

3. Date Incorporated or Qualified 07/27/1983
3a. Date of Last Report 02/27/1996

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OGLESBY, MASON P.	
STREET ADDRESS	1041 SOUTH NORWALK RD.	
CITY - ST - ZIP	NORWALK OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OGLESBY, DELLENE	
STREET ADDRESS	1041 SOUTH NORWALK RD.	
CITY - ST - ZIP	NORWALK OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, RICHARD S.	
STREET ADDRESS	17 PATRICIAN DR	
CITY - ST - ZIP	NORWALK OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCFADDEN, JAMES	
STREET ADDRESS	12907 PATTEN TRACT RD	
CITY - ST - ZIP	MONROEVILLE OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARMAN, DOUGLAS	
STREET ADDRESS	4010 DRAKE ROAD	
CITY - ST - ZIP	NORWALK OH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	REICHERT, GERALD	
STREET ADDRESS	128 SYCAMORE DRIVE	
CITY - ST - ZIP	NORWALK OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	23 NORTH WEST STREET
5.4 CITY - ST - ZIP	NORWALK, OH
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 registered 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: *Mason P. Oglesby* MASON P. OGLESBY (419) 668-0418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)