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**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90060 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 857234

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

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**34-1233573**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New 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 607.0502 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
 PD  
 NAME OGLESBY, MASON P.  
 STREET ADDRESS 1041 SOUTH NORWALK RD.  
 CITY-ST-ZIP NORWALK OH

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE  
 STD  
 NAME OGLESBY, DELLENE  
 STREET ADDRESS 1041 SOUTH NORWALK RD.  
 CITY-ST-ZIP NORWALK OH

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE  DELETE  
 D  
 NAME LYNCH, RICHARD S.  
 STREET ADDRESS 17 PATRICIAN DR  
 CITY-ST-ZIP NORWALK OH

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE  
 VP  
 NAME MCFADDEN, JAMES  
 STREET ADDRESS 12907 PATTEN TRACT RD  
 CITY-ST-ZIP MONROEVILLE OH

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 VP  
 NAME BARMAN, DOUGLAS  
 STREET ADDRESS 23 NORTH WEST ST  
 CITY-ST-ZIP NORWALK OH

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 VP  
 NAME REICHERT, GERALD  
 STREET ADDRESS 128 SYCAMORE DRIVE  
 CITY-ST-ZIP NORWALK OH

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Mason P. Oglesby*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASON P. OGLESBY

Date

(419) 668-8204

Daytime Phone #

CR2E034 (11/98)