

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90033 012 ***150.00

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01132006 Chg-P CR2E034 (11/05)

4. FEI Number **22-3875390** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUGGLES, THOMAS W ESQ
603 INDIAN ROCKS RD
BELLAIR, FL 33756

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	UNVERFERTH, JAMES W	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	
TITLE	EXEV	<input type="checkbox"/> Delete
NAME	WILDER, R. STEVEN	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	
TITLE	EXED	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, JOHN E	
STREET ADDRESS	12080 SW HIGHWAY 484	
CITY-ST-ZIP	DUNNELLON, FL 344326408	
TITLE	VTs	<input type="checkbox"/> Delete
NAME	RINEHART, FRED J	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, ERNEST W	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	
TITLE	VR	<input type="checkbox"/> Delete
NAME	FISCHBACH, JOHN T	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UNVERFERTH, CHAD M	
STREET ADDRESS	1100 SHAWNEE RD	
CITY-ST-ZIP	LIMA, OH 45805	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Fred J. Rinehart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-06 419-999-2010
Date Daytime Phone f

FRED J. RINEHART