

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 07, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # F06000007836

1. Entity Name  
FLORIDA UTC CORPORATION



Principal Place of Business  
1270 NORTH FAIRFIELD ROAD  
DAYTON, OH 45432-2600

Mailing Address  
1270 NORTH FAIRFIELD ROAD  
DAYTON, OH 45432-2600



07032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
31-0645327

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

EBY, DONALD M  
130 ATLANTIC STREET  
PORT ST. JOE, FL 32456

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000771555  
08/07/07-80007-005 158.75

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	VARNER, DONNA L
STREET ADDRESS	1739 WIGWAM TRAIL
CITY-ST-ZIP	XENIA, OH 45385
TITLE	C
NAME	GRAN, ROBERT J
STREET ADDRESS	944 MALONE AVE
CITY-ST-ZIP	KETTERING, OH 45429
TITLE	DP
NAME	ADAMSON, PATRICK J
STREET ADDRESS	8611 RIDGE CREEK COURT
CITY-ST-ZIP	SPRINGBORO, OH 45066
TITLE	DVP
NAME	BETHEL, HOWARD E
STREET ADDRESS	2461 DAKEM DRIVE
CITY-ST-ZIP	BEAVERCREEK, OH 45434
TITLE	D
NAME	WORMAN, JOHN C
STREET ADDRESS	2930 WEST CHARLESTON RD
CITY-ST-ZIP	TIPP CITY, OH 45371
TITLE	S
NAME	LOCKWOOD, LYLE W
STREET ADDRESS	2516 CROSS COUNTRY RD
CITY-ST-ZIP	BEAVERCREEK, OH 45431

**DO NOT WRITE  
IN THIS SPACE**

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:** *Donna L. Varner* **DONNA L. VARNER, TREASURER** **12 JULY 2007 (937) 426-2808**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #