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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90009 003 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # F49038

1. Corporation Name

CORPOREX DEVELOPMENT SERVICES OF FLORIDA, INC.

Principal Place of Business

P.O. BOX 75020
CINCINNATI OH 45275

Mailing Address

P.O. BOX 75020
CINCINNATI OH 45275

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1981

4. FEI Number

61-0966534

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 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

**BAUMEISTER, WILLIAM F
255 S ORANGE AVE #1144
ORLANDO FL 32801**

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 PD ☐ DELETE
NAME BUTLER, WILLIAM P
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

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

TITLE V ☐ DELETE
NAME BAUMEISTER, WILLIAM
STREET ADDRESS 3710 CORPOREX PK DR #100
CITY-ST-ZIP TAMPA FL

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

TITLE V ☐ DELETE
NAME BLACKHAM, J W
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

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

TITLE T ☐ DELETE
NAME PETER SACKMANN
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY 41011

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

TITLE AS ☐ DELETE
NAME MARLOTT, ELVA A
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY

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

TITLE VD ☐ DELETE
NAME THOMAS E BANTA
STREET ADDRESS 50 E RIVERCENTER BLVD
CITY-ST-ZIP COVINGTON KY 41011

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

DALE W. BROOK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale W. Brook 4/12/99 (606) 292-5500
Date Daytime Phone #

CR2E034 (11/98)