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Mar 27 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 # F63477 (6)
 1. Corporation Name
**CARDINAL INDUSTRIES OF FLORIDA SERVICES CORPORAT
 ION**



Principal Place of Business: **6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068 US**
 Mailing Address: **6954 AMERICANA PARKWAY REYNOLDSBURG OH 43068-4115 US**

3. Date Incorporated or Qualified: **01/18/1982** 3a. Date of Last Report: **04/05/1996**
 4. FEI Number: **59-2168222** 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. 2a. Mailing Address: **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **29** Country **30** 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 **85** Zip Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARTLING, JOHN B	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BLACKMORE, D.	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SOUDEY, MICHELE R	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	AKIN, DAIN	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	KOEGLER, RONALD P	
STREET ADDRESS	6954 AMERICANA PARKWAY	
CITY- ST- ZIP	REYNOLDSBURG OH 43068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bartling, John B.	
1.3 STREET ADDRESS		
1.4 CITY- ST- ZIP		
2.1 TITLE	V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Sosh, Michael F.	
2.3 STREET ADDRESS		
2.4 CITY- ST- ZIP		
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Selid, Paul R.	
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Meyer, Jeffrey D.	
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Koegler, Ronald P.	
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE	V/CFO/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thompson, Mark D.	
6.3 STREET ADDRESS	6954 Americana Parkway	
6.4 CITY- ST- ZIP	Reynoldsburg, OH 43068	

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 included 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.

SIGNATURE: *Jeffrey D. Meyer* **JEFFREY D. MEYER** **SECRETARY** (614) 575-5223

CR2E034 (9/96)