

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000001958 (8)

1. Corporation Name

BOLTON SALES CORPORATION



Principal Place of Business

160 FOREST DR.  
EASTLAKE OH 44094

Mailing Address

160 FOREST DR.  
EASTLAKE OH 44094

3. Date Incorporated or Qualified  
04/20/1993

3a. Date of Last Report  
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

34-1021490

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

23

City & State

27

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24

Zip

Country

28

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COX, THOMAS H  
4096 SW BIMINI CIR S.  
PALM CITY FL 34990

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 DCPT ☐ DELETE  
NAME COX, THOMAS H  
STREET ADDRESS 4096 SW BIMINI CIR S.  
CITY-ST-ZIP PALM CITY FL

1. 1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE  
NAME RUCKSTUHL, WILLIAM  
STREET ADDRESS 10575 BUTTERNUT RD.  
CITY-ST-ZIP MUNSON TWP. OH 44026

2. 1 TITLE ☒ Change ☐ Addition  
2.2 NAME Director/Vice-President/Secretary  
2.3 STREET ADDRESS Ruckstuhl, William  
2.4 CITY-ST-ZIP 10575 Butternut Rd.  
Munson Twp. Ohio 44026

TITLE S ☒ DELETE  
NAME MINSHALL, KENT  
STREET ADDRESS 1360 W. 9TH ST., STE. 330  
CITY-ST-ZIP CLEVELAND OH 44113

3. 1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4. 1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5. 1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6. 1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

422-96

216-942-7426

Date

Daytime Phone #

CR2E034 (12/95)