FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION



Sandra B. Mortham

ANNUAL REPORT Secretary of State 100R DIVISION OF CORPORATIONS

FILED May 13 1998 8:00am Secretary of State

DOCUMENT # F9300005491 (6) J. FERGUS, INC. Principal Place of Business S220 PRESTON CT. POWELL OH 43065 US Mailing Address 5220 PRESTON CT. POWELL OH 43065 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/001/1002	
2 Principal P	lace of Business	2a. Mailing Addre	199	12/02/1993 4. FEI Number	Applied For
21 26			31-1152280	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.	5. Certificate of Status Desired	\$8.75 Additional
City & Stat	^	Crty & State			Fee Required
23	U	26		6, Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	 Name and Address of Curr RT, MARGARET G 	ent Registered Agent	81 Name	10. Name and Address of New Registers	ed Agent
agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Stam familiar with, and accept the oblishments, speed or protections of registered to	ligations of, Section 607.0	a Statutes, the above-named consistency as authorized by the corposob, Florida Statutes. (NOTE: Registered Agent signalure re-	orporation submits this statement for the purpose ration's board of directors. I hereby accept the a	_
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	PSTD FERGUS, JOHN C II 5220 PRESTON CT. POWELL OH	□ D£1	ETE 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		Change Addition
TITLE		DEL			Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DEL	2. 4 City-SI-ZiP		☐ Change ☐ Addition
TITLE NAME			ETE 3.1 TITLE 3.2 NAME		Change Changion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-\$1-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DEL	ETE 41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T 65.	4.4 CITY - ST - ZIP		Obana Maria
TITLE		☐ DEL	3		Change Addition
NAME CTOCCY ADDRESS			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
City-St-ZiP Title		☐ DELI	5.4 CITY-ST-ZIP ETE 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-2IP			64 CITY - ST - ZIP		
	ertify that the information supplied	with this filing does not g		in Section 119.07(3)(i), Florida Statutes, I further	certify that the information

indicated on this annual report or supplied with this filling does not quality for the exemption stated in Section 119.07(3)(f). Florida Statutes. Flortner certify that the informatic indicated on this annual report or supplier part 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 of the positiver or trustice 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, in on an attagment with an address.

SIGNATURE: