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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90152 030 ***150.00

1. Corporation	MENT # F93000 RCE MATERIALS CORPORA						
HESOSI	TOE MATERIALO CON ONA						
Principal P acc	e of Business	Mailing Address			- I I DOGINOU CENO CONOCE DEGLE CONTROL CONTROL CO	TAL MBABI BANA ANA	
600 HAGERTY		P.O. BOX 690					
FREMONT OH 43420 FREMONT OH 43420					DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed	- STACE	
					12/15/1993		
2 Principa P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	flied For
21	lass of Boomes	26			34-1716811	No	Applicable
Suite, Act.	#, etc.	Suite, Apt. #, etc.	_		5. Certifcate of Status Desired	\$8.75	I
22		27			5. Certificate of Status Desired	Fee Re	c uired
City & Stat	le	City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust F und Contribution	Added	c Fees
Zip	Cour try	Złp	Cou	entry	8. This corporation owes the current year	ntangible ☐ Yes	IJNo
24	25	29	30	· · · · · · · · · · · · · · · · · · ·	Persor al Property Tax. 10. Name and Address of New Register		
	9. Name and Address of Currer	n Registered Agent		81 Name	lu. Hame and Address of the Rogister	<u> </u>	
BUR	rton, Phillip				(0.0.0		
3904			82 Street Acdr	ess (P.O. Box Number is Not Acceptable)			
PLA	NT CITY FL 33567			83			
						05 7in	Code
				84 City	F	L 85 Zip	CMe
office (r t	registered agent, or both, in the State am familiar with, and accept the obliga	cf Florida. Such change was a ations of, Section 607.0505, Flo	orida Stat	i by the corporatio	oration submits this statement for the purpose on's board of clirectors. I hereby accept the ap	- —	g stereo
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	F:S IN 12
TITLE	D	☐ DELETE	11 TI	TLE		Change	☐ Addition
NAME	KERN, THOMAS L		1.2 N	AME			
STREET ADDRESS	1520 FINEFROCK		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	FREMONT OH		140	TY-ST-ZIP			
TITLE	V	☐ DELETE	2.1 Ti	TLE		Change	Addition
NAME	KERN, MICHAEL J		2.2 N	AME			
STREET ADDRESS	1		2.3 S	TREET ADDRESS			
CITY+ST-ZIP_	FREMONT OH			ITY-ST-ZIP		- Change	Addition
TITLE	ST STATE STATE OF STA	☐ DELETE	3.1 TI			Change	
NAME	BURTON, PHILLIP		3.2 N	,			-
STREET ADDRESS				TREET ADDRESS			
CITY-ST-ZIP	PERRYSBURG OH 43551	DELETE	3.4. C	TTY-ST-ZIP		Change	Addition
TITLE			4.3 H			····g•	
NAME				TREET ADDRESS			
STREET ADDRESS			- 1	ITY-ST-ZIP			
CITY-ST-ZIP		☐ DELETE	5.1 T			Change	Addition
NAME		-	5.2 N				
STREET ADDRESS			5.3 S	TREET ADDRESS			
CITY-ST-ZIP			54C	ITY-ST-ZIP			
TITLE		☐ DELETE	61T	TLE		☐ Change	Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET ADDRESS			

14. herebit 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 eath; that I am an officer or director of the corporation or the receiver of frostee 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 a second with a sec

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP