

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 27, 1999 8:00 am
Secretary of State

04-27-1999 90048 010 ***150.00

DOCUMENT # F94000001574

1. Corporation Name
SCHNELLER, INC.

Principal Place of Business
6019 POWERMILL ROAD
KENT OH 44240

Mailing Address
6019 POWERMILL ROAD
KENT OH 44240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

4. FEI Number

34-1407120

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

NAGY, DONALD
6200 49TH STREET, NORTH
PINELLAS PARK FL 34665

10. Name and Address of New Registered Agent

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

TITLE	CT	<input type="checkbox"/> DELETE
NAME	BRUBAKER, JERRY L.	
STREET ADDRESS	3470 PARFOURE BLVD.	
CITY-STATE-ZIP	UNIONTOWN OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PANALLO, DAVID L.	
STREET ADDRESS	1939 HEMLOCK DRIVE	
CITY-STATE-ZIP	KENT OH	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZUMKEHR, CHARLES E	
STREET ADDRESS	1323 LAKE ROGER DR.	
CITY-STATE-ZIP	KENT OH 44240	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHIRRA, JOHN P	
STREET ADDRESS	384 WYOGA LAKE BLVD	
CITY-STATE-ZIP	CUYAHOGA FALLS OH	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	FRYE, JEFFREY R.	
STREET ADDRESS	489 PARK RIDGE DR	
CITY-STATE-ZIP	MUNROE FALLS OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SCHIRRA, JOHN P.
4.3 STREET ADDRESS	276 HILBROOK DRIVE.
4.4 CITY-STATE-ZIP	CUYAHOGA FALLS, OH 44223
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DV FRYE, JEFFREY R.
5.3 STREET ADDRESS	3459 MADISON AVIE.
5.4 CITY-STATE-ZIP	STOW, OH 44224
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:

John P. Schirra

JOHN P. SCHIRRA

4/23/99

(330) 673-6063

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EXT 1337

CR2E034 (11/98)