

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 # F94000000062

1. Corporation Name

MOODY/NOLAN LTD., Inc.

Principal Place of Business

Mailing Address

1776 E. BROAD ST
Columbus OH 43203

2. Principal Place of Business

21 1776 E BROAD ST

Suite, Apt. # etc

2a. Mailing Address

26 SAME

Suite, Apt. #, etc

22 City & State

23 Columbus OHIO

Zip

24 43203

Country

25 USA

Zip

29

Country

30

3. Date Incorporated or Qualified

3/30/82

3a. Date of Last Report

N/A

4. FEI Number

31-1256984

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

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

MARK D. EXTEIN
111 N. ORANGE AVE, SUITE 1800
ORLANDO, FL 32802

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 not applicable)

(Print: Registered Agent Signature required when translating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

12. TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PRESIDENT, DIRECTOR, CEO.
CURTIS J. MOODY
3887 SUNBURY RD
Columbus OH 43219

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VICE PRES., SECY/TREAS, DIRECTOR
NORMAN E. NOLAN
1705 CREILLEN PARK DR
ONIEA, FL 32765

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ASSIST SECY, DIRECTOR
ROBERT L. HARRIS
1521 GREENBUSH RD
Columbus OH 43221

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR
PAUL F. PRYOR
4100 FISHERMANS DR
WESTERVILLE OH 43081

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR
BRUCE A. HARRIS
824 S. BROADWAY RD
Columbus OH 43209

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DIRECTOR
KATHLEEN H. RANSIER
66 THURMAN AVE.
Columbus OH 43206

☐ DELETE

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY - ST - ZIP

☐ Change ☐ Addition

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY - ST - ZIP

☐ Change ☐ Addition

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY - ST - ZIP

☐ Change ☐ Addition

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY - ST - ZIP

☐ Change ☐ Addition

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY - ST - ZIP

☐ Change ☐ Addition

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY - ST - ZIP

☐ Change ☐ Addition

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY - ST - ZIP

☐ Change ☐ Addition

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY - ST - ZIP

☐ Change ☐ Addition

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-04/12/96--01042--001
***208.75

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

CURTIS J. MOODY, PRESIDENT, CEO, DIRECTOR

4-8-96 (44)253-2023

CR2E034 (12/95)

4-12-96