

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
Mar 25, 1999 8:00 am
Secretary of State

03-25-1999 90007 019 ***150.00

DOCUMENT # F94000002062

1. Corporation Name
MOODY/NOLAN LTD., INC.

Principal Place of Business
1776 E. BROAD ST.
COLUMBUS OH 43203

Mailing Address
1776 E. BROAD ST.
COLUMBUS OH 43203



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1994

4. FEI Number

31-1256984

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 VP
NAME NOLAN, HOWARD E
STREET ADDRESS 1705 CARILLON PARK DR.
CITY-ST-ZIP ORLANDO FL 32765

1.1 TITLE D
1.2 NAME Eileen M. Goodman
1.3 STREET ADDRESS 2674 Northern Road
1.4 CITY-ST-ZIP Columbus, OH 43221

TITLE PT
NAME MOODY, CURTIS J
STREET ADDRESS 3887 SUNBURY RD.
CITY-ST-ZIP COLUMBUS OH 43219

2.1 TITLE D
2.2 NAME Anderson, A. Stallworth
2.3 STREET ADDRESS 10054 Indian Springs
2.4 CITY-ST-ZIP Cincinnati, OH 45241

TITLE S
NAME LARRIMER, ROBERT K
STREET ADDRESS 1521 GRENOBLE RD.
CITY-ST-ZIP COLUMBUS OH 43221

3.1 TITLE D
3.2 NAME J. William Miller
3.3 STREET ADDRESS 2501 East Broad St.
3.4 CITY-ST-ZIP Bexley, OH 43209

TITLE D
NAME PRYOR, PAUL F
STREET ADDRESS 428 SWEETGUM WAY
CITY-ST-ZIP WESTERVILLE OH 43081

4.1 TITLE D
4.2 NAME Gertrude B. Nolan
4.3 STREET ADDRESS 1705 Carillon Park Dr.
4.4 CITY-ST-ZIP Orlando, FL 32765

TITLE D
NAME KATHLEEN H RANSIEL
STREET ADDRESS 66 THURMAN AVE
CITY-ST-ZIP COLUMBUS OH 43206

5.1 TITLE D
5.2 NAME Alden M. McBee
5.3 STREET ADDRESS 1346 Sandstone Pl. N.
5.4 CITY-ST-ZIP Columbus, OH 43081

TITLE D
NAME ELAINE S MOODY
STREET ADDRESS 3887 SUNBURY RD
CITY-ST-ZIP COLUMBUS OH 43219

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-99

Date

ce14 253 2623

Daytime Phone #

CR2E034 (11/98)