

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000003382 (8)**

1. Corporation Name

MONARCH BUILDING SERVICES, INC.



Principal Place of Business

P.O. BOX 332
 96 WEST WILLIAM ST.
 DELAWARE OH 43015

Mailing Address

P.O. BOX 332
 96 WEST WILLIAM ST.
 DELAWARE OH 43015

2. Principal Place of Business

2a. Mailing Address

21 **416 East Church St**

26 **PO Box 719**

Suite, Apt. #, etc.

State, Apt. #, etc.

22 City & State

27 City & State

23 **Marion, OH**

28 **Marion, OH**

24 Zip **43301**

25 Country **USA**

29 Zip **43301**

30 Country **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified
06/28/1994

3a. Date of Last Report
02/28/1995

4. FEI Number
31-1389447

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 has liability for intangible tax under s. 199.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

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 of Principal Officer or Director

Signature of Registered Agent

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	REYNOLDS, CRAIG	969 SOMERLOT HOFFMAN ROAD WEST	MARION OH 43302	<input type="checkbox"/>
ST	WATERS, GARY	1659 OWENS ROAD WEST	MARION OH 43302	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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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 119.04(3)(a), 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

Joseph H. Waters *Gary H. Waters* 4/29/96 614 387 9955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

CR2E034 (12/95)