FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:38

DOCUMENT # **F94000003857 (9)**

1. Corporation Name
B & S RESOURCES, INC.

Principal Place of Business	Mailing Address
155 E. BROAD ST 23RD FLOOR COLUMBUS OH 43215	155 E. BROAD ST 23RD FLOOR COLUMBUS OH 43215

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1994** | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **34-1338090** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BOICH, WAYNE 5401 NW 15TH AVE FT LAUDERDALE FL 33309	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 607.1608, 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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	11 TITLE	☐ Change ☐ Addition
NAME	BOICH, WAYNE	12 NAME	
STREET ADDRESS	155 E. BROAD ST, 23RD FLOOR	13 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	14 CITY-ST-ZIP	
TITLE	VCVS	21 TITLE	☐ Change ☐ Addition
NAME	SOVELL, MAX	22 NAME	
STREET ADDRESS	155 E. BROAD ST, 23RD FLOOR	23 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	24 CITY-ST-ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	SOVELL, MAX	32 NAME	
STREET ADDRESS	155 E. BROAD ST, 23RD FLOOR	33 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS OH 43215	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is absolutely true and correct as of the date of execution. As per Section 817.155, Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and complete 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 above, or on an attachment with an X in Block.

SIGNATURE: _____ 2/15/95 Date 614-282-6503 Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0476250 FP