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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra 8 Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

F9400005011 (1)

THE A 14 COATT & COME COMMANY

THE O. M. SCOTT & SONS COMPANY							
Principal Place of Business  14111 SCOTTSLAWN ROAD  MARYSVILLE OH 43041		Mailing Address  14111 SCOTTSLAWN ROAD  MARYSVILLE OH 43041					
					3. Date Incorporated or Qualified 09/27/1994	3a. Date of Last Report 04/25/1995	
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 31-1414921	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			- \$8.75 Additional	E .	
22		27		5. Certificate of Status Desired	Fee Required		
City & State		Oty & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be		
<b>23</b> Zip	Country	<b>28</b> ]	Country	<del>-</del>		Added to Fees	_
24	25	29	30		This corporation has liability for intangible tax under s 199.032,     Florida Statutes		
	9. Name and Address of Current				10. Name and Address of New R	CM3 B.AV	<u> </u>
			81	Name			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			82 Street Ac		ress (P.O. Box Number is Not Acceptab	le)	
			83			<del> </del>	
PLANIA	111UN FL 33324						
			84	City		FL 85 Zip Code	
<ul> <li>or registere</li> </ul>	a the provisions of Sections 607.0502 and agent, or both, in the State of Florid, h, and accept the obligations of, Section	<ul> <li>Such change was auther</li> </ul>	orized by the corp	named corpo loration's boa	ration submits this statement for the pur ird of directors. Thereby accept the appo	pose of changing its registered offic onthrent as registered agent. I am	୍ତ
SIONATURE _	Skyrature typed or ported name of respitarest as intra	film farthear	ACIE Repotes April	1.5.4 of the resum	e Lasher their station"	DA"ŧ	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI		
TITLE	CEOD	☐ DEFE1E	1 1 TITLE			Change 🔲 Addition	
NAME			1.2 NAME				
STREET ADDRESS	14111 SCOTTSLAWN ROAD		1.3 STREET				
CITY-ST-ZIP TITLE	MARYSVILLE OH 43041 PCOO	DELFIE	1.4 CI <sup>1</sup> Y - S 2 * TI*LE	Sr. 216		Change Addition	
NAME	HOST, THEODORE J	M present	2.2 NAME			[ Change [ Addition	
STREET ADDRESS	14111 SCOTTSLAWN ROAD		2.3 STREET	ADDRESS			
CITY-ST-ZIP	MARYSVILLE OH 43041		24 OFY - 5				
TifuE	VCFO	☐ DELETE	3 TITUE			☐ Change ☐ Addition	
NAM€	YEAGER, PAUL D		3.2 N4ME				
STREET ADDRESS	14111 SCOTTSLAWN ROAD		33 STREE	T ADDRESS			
CITY-ST-ZIP	MARYSVILLE OH 43041		34 Cl* Y - S	31-ZIP			
†(TL€	VS	DELETE	4 1 TITEF			Change Addition	
NAME	WALLEY, CRAIG D		4.2 NAME				
STREET ADDRESS	14111 SCOTTSLAWN ROAD		4 3 STHEE				
CITY - ST - ZIF	MARYSVILLE OH 43041	DELETE	4.4 CRY - 5 5.1 THE	S1 - Z1P		Change Addition	
TITLE NAME	AS Hughes, A. Sue	- Dittil	5 2 NAME			☐ evanês ☐ vandon	
STHEET ADDRESS	14111 SCOTTSLAWN ROAD		5.3 STHEE	ADDRESS			
CITY-SI-ZIP	MARYSVILLE OH 43041		5.4 Cf1 Y - 5				
TITLE	T	DELETE	6 1 TiT.,£	·		Change Addition	-
NAME	BERGUM, RICHARD D	_	62 NAME				
STREET ADDRESS	14111 SCOTTSLAWN ROAD		635IHH	AUDRESS			
CITY - ST - ZIP	MARYSVILLE OH 43041		6.4 CHY-5				

14. Loo 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 arcural report or supplienental armual report is true and modurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address SIGNATURE X JANA HE AND THE OF PRINTE HAME

POFTER ASURER OF TREASURER

4-22-96 513-644-0011

CR2E034 (12/95)