## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9400005011 (1) DOCUMENT #

THE O. M. SCOTT & SONS COMPANY

## Principal Place of Business Mailing Address 14111 SCOTTSLAWN ROAD 14111 SCOTTSLAWN ROAD MARYSVILLE OH 43041 MARYSVILLE OH 43041

FILED Jan 16 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/27/1994 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 21 26 31-1414921 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. TITLE PCEO DELETE 1.1 TITLE Change BERGER, CHARLES M NAME 1.2 NAME 14111 SCOTTSLAWN ROAD STREET ADDRESS 1.3 STREET ADDRESS MARYSVILLE OH CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition: TITLE **VPCF** 2.1 TITLE MORDO, JEAN H NAME 2.2 NAME STREET ADDRESS 14111 SCOTTSLAWN ROAD 2.3 STREET ADDRESS MARYSVILLE OH CITY - ST - ZIP 2, 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE Lucas G. Roberes HUGHES, A. SUE 3.2 NAME NAME 08 WOODS EDGE 14111 SCOTTSLAWN ROAD 3.3 STREET ADDRESS STREET ADDRESS MARYSVILLE OH 43041 43054 CITY - ST - ZIP 3.4. CITY - ST-ZIP X DELETE TITLE 4.1 TITLE Change Addition TREASURER BRUETING BERGUM, RICHARD D NAME 4. 2 NAME REBECCA 55 57 14111 SCOTTSLAWN ROAD STREET ADDRESS 4.3 STREET ADDRESS MARYSVILLE OH 43041 City-St-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE HAGEDORN, JAMES NAME 5 2 NAME 14111 SCOTTSLAWN RD STREET ADDRESS 5.3 STREET ADDRESS MARYSVILLE OH 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE ROGULA, JAMES L NAME 6.2 NAME 14111 SCOTTSLAWN RD STREET ADDRESS **6.3 STREET ADDRESS** MARYSVILLE OH CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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.

SIGNATURE:

JIRFEDWARD CLASGETT 1-5-98

937-644-0011

**CR2E034**