FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000006350 (2)**

1. Corporation Name

TECHNICOTE WESTFIELD, INC.

Principal Place of Business	Mailing Address
222 MOUND AVE. MIAMISBURG OH 45342	222 MOUND AVE. MIAMISBURG OH 45342

3. Date Incorporated or Qualified: **12/13/1994**

3a. Date of Last Report: **04/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **31-1382589** ☐ 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

9. Name and Address of Current Registered Agent

PETEL, JOHN
6313 CORPORATE COURT
FT MYERS FL 33919

10. Name and Address of New Registered Agent

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 607.1809, 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	P	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	DESANZO, DIRK		2 NAME	
STREET ADDRESS	5601 TURTLE BAY DR.		3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL		4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	PETEL, JOHN		2 NAME	
STREET ADDRESS	1246 ISABOL DR.		2 STREET ADDRESS	
CITY-ST-ZIP	SANIBEL FL		2 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3 TITLE	☒ Change ☐ Addition
NAME	GARWOOD, DOUGLAS N		3 NAME	
STREET ADDRESS	9060 STOCKER RD.		3 STREET ADDRESS	6653 SNOWDEN RD.
CITY-ST-ZIP	ARCANUM OH		3 CITY-ST-ZIP	LIBERTY, IN 47353
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

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 119.07(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: _____ 3-11-96 513-859-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

DOUGLAS N GARWOOD

CR2E034 (12/95)