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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000002325**

1. Corporation Name
IFS INSURANCE AGENCY, INC.

Principal Place of Business	Mailing Address
311 PIKE ST CINCINNATI OH 45202 US	311 PIKE ST CINCINNATI OH 45202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 31-1334221 ☐ Applied For ☐ Not Applicable
21	26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24 Country 25	Zip 29 Country 30	8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	President / Director	☐ Change ☐ Addition
NAME	HARNESS, EDWARD G JR		1.2 NAME	Jill T. McGruder	
STREET ADDRESS	311 PIKE STREET		1.3 STREET ADDRESS	311 Pike St	
CITY-ST-ZIP	CINCINNATI OH		1.4 CITY-ST-ZIP	Cincinnati Oh 45202	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TAULBEE, RICHARD		2.2 NAME		
STREET ADDRESS	400 BROADWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WATERS, JAMES R JR		3.2 NAME		
STREET ADDRESS	311 PIKE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WUEBBLING, DONALD J		4.2 NAME		
STREET ADDRESS	400 BROADWAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	VANCE, JAMES J		5.2 NAME		
STREET ADDRESS	400 BROADWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH 45202		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEDWIN, WILLIAM		6.2 NAME		
STREET ADDRESS	400 BROADWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	CINCINNATI OH		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4/21/1999 — 513-629-1426
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #