

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 # **F95000002910 (6)**

1. Corporation Name

TRU-CO., INC.



Principal Place of Business

**3033 WEST 44TH STREET
CLEVELAND OH 44113-4817**

Mailing Address

**3033 WEST 44TH STREET
CLEVELAND OH 44113-4817**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/16/1995

3a. Date of Last Report

4. FEI Number

34-1249292

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

10. Name and Address of New Registered Agent

**HOSKINS, TERRY
540 N.E. 14TH STREET
OCALA FL 34470**

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

Signature, typed or printed name of registered agent and title if applicable.

1996. Registered Agent signature required when filing statement.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **HOSKINS, CHRISTOPHER**
STREET ADDRESS **3033 WEST 44TH STREET**
CITY-STATE-ZIP **CLEVELAND OH**

12 NAME **PD**
13 STREET ADDRESS
14 CITY-STATE-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **HOSKINS, TERRY**
STREET ADDRESS **3033 WEST 44TH STREET**
CITY-STATE-ZIP **CLEVELAND OH**

22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **HOSKINS, KENNETH**
STREET ADDRESS **3033 WEST 44TH STREET**
CITY-STATE-ZIP **CLEVELAND OH**

32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☒ Addition

NAME **HOSKINS, SHARON**
STREET ADDRESS **3033 WEST 44TH STREET**
CITY-STATE-ZIP **CLEVELAND OH**

42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **HOSKINS, RICHARD P**
STREET ADDRESS **3033 WEST 44TH STREET**
CITY-STATE-ZIP **CLEVELAND OH**

52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP

**STD
ROLL, FLORENCE
3033 WEST 44TH STREET
CLEVELAND, OHIO 44113**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

1-216-631-1000
Toll-free Phone #

CR2E034 (12/95)