

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

FILED
Mar 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	26	22	27
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

3. Date Incorporated or Qualified 06/16/1995	
4. FEI Number 34-1249292	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HOSKINS, CHRISTOPHER	
STREET ADDRESS	3033 WEST 44TH STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOSKINS, TERRY	
STREET ADDRESS	3033 WEST 44TH STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOSKINS, KENNETH	
STREET ADDRESS	3033 WEST 44TH STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	HOSKINS, SHARON	
STREET ADDRESS	3033 WEST 44TH STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	DD	<input type="checkbox"/> DELETE
NAME	HOSKINS, RICHARD P	
STREET ADDRESS	3033 WEST 44TH STREET	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	ROLL, FLORENCE	
STREET ADDRESS	3033 WEST 44TH ST	
CITY-ST-ZIP	CLEVELAND OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *[Handwritten Signature]* 2-26-98 216/631-1000

CR2E034 (10/97)