

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90057 032 \*\*\*158.75

0524204

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # F95000002910**

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/16/1995**

4. FEI Number  
**34-1249292**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40.

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 **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 |                       |                                 |
|----------------------------|-----------------------|---------------------------------|
| 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                      | CD                    | <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          |                                 |
| TITLE                      |                       | <input type="checkbox"/> DELETE |
| NAME                       |                       |                                 |
| STREET ADDRESS             |                       |                                 |
| CITY-ST-ZIP                |                       |                                 |

| 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)(f), 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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Christopher Hoskins* **2/23/99** **216/631-1000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)