

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

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

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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1995

4. FEI Number

34-1249292

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing



\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.



Yes



No

9. Name and Address of Current Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

NAME ROLL, FLORENCE  
STREET ADDRESS 3033 WEST 44TH ST  
CITY-ST-ZIP CLEVELAND OH

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/23/99 216/631-1000

CR2E034 (1/98)