

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jun 03 1998 8:00am  
Secretary of State

DOCUMENT # F95000003275 (3)

1. Corporation Name

CACIQUE, INC. OF DELAWARE

Principal Place of Business

8655 E BROAD ST  
REYNOLDSBURG OH 43068

Mailing Address

8655 E BROAD ST  
REYNOLDSBURG OH 43068



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1995

4. FEI Number

31-1437168

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

Signature, typed or printed name of registered agent or state, if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

V  
GILMAN, KENNETH B  
3 LIMITED PARKWAY  
COLUMBUS OH 43230

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

VS  
LYONS, TIMOTHY B  
3 LIMITED PARKWAY  
COLUMBUS OH 43230

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

T  
HECTORNE, PATRICK  
3 LIMITED PARKWAY  
COLUMBUS OH 43230

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

AS  
BUFF, WADE H  
3 LIMITED PARKWAY  
COLUMBUS OH 43230

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
BERNARD, ROBERT  
5 LIMITED PKWY  
COLUMBUS OH

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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

*[Signature]*

*[Signature]*

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