

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 # F95000004371 (9)

1. Corporation Name
THE PROVIDENT BANK, INC.



Principal Place of Business Mailing Address
~~1 S. 4TH ST.~~ ~~1 S. 4TH ST.~~
~~CINCINNATI OH 45202~~ ~~CINCINNATI OH 45202~~

2. Principal Place of Business		2a. Mailing Address	
21	One East Fourth Street	26	One East Fourth Street
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	Cincinnati, Ohio	28	Cincinnati, Ohio
24	Zip 45202	29	Zip 45202
25	Country USA	30	Country USA

3. Date Incorporated or Qualified	3a. Date of Last Report
09/11/1995	
4. FEI Number	Applied For
31-0412725	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

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 _____ (NOTE: Registered Agent signature required when registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE <input type="checkbox"/> DELETE	1.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, ALLEN L	1.2 NAME	Michael K. Gibson
STREET ADDRESS	8255 KROGER FARM RD.	1.3 STREET ADDRESS	6230 Rustler Court
CITY-ST-ZIP	CINCINNATI OH 45243	1.4 CITY-ST-ZIP	Loveland, OH 45140
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS, PHILIP R	2.2 NAME	
STREET ADDRESS	8600 BRIDGEWATER LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOVERSON, ROBERT L	3.2 NAME	
STREET ADDRESS	8700 PIPEWELL RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	3.4 CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRENKOPF, JOHN R	4.2 NAME	
STREET ADDRESS	1351 SUNCREST DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	4.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, JERRY L	5.2 NAME	
STREET ADDRESS	9025 GIVEN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVINO, RICHARD	6.2 NAME	
STREET ADDRESS	621 MEHRING WAY, #2605	6.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45202	6.4 CITY-ST-ZIP	

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: Michael K. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96 (513) 579-2767
DATE TIME PHONE #

CR2E034 (12/95)