

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

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**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90158 039 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F95000004371**

1. Corporation Name  
**THE PROVIDENT BANK, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**ONE EAST FOURTH STREET  
 % MICHAEL K GIBSON  
 CINCINNATI OH 45202  
 US**

Mailing Address  
**ONE EAST FOURTH STREET  
 C/O MICHAEL D GIBSON  
 CINCINNATI OH 45202  
 US**

3. Date Incorporated or Qualified  
**09/11/1995**

4. FEI Number  
**31-0412725**

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 [ ]

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDCE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, ALLEN L	1.2 NAME	
STREET ADDRESS	8255 KROGER FARM RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45243	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" 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 checked="" 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 checked="" 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	GIBSON, MICHAEL K	6.2 NAME	
STREET ADDRESS	6230 RUSTLER CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOVELAND OH 45140	6.4 CITY-ST-ZIP	

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael K. Gibson* **Michael K. Gibson** 4-24-99 (513) 579-2767  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)