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FILED

**Mar 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000004868 (4)

1. Corporation Name
T-CORP OF OHIO



Principal Place of Business
**1525 WHIPPLE AVE., S.W.
CANTON OH 44710**

Mailing Address
**1525 WHIPPLE AVE., S.W.
CANTON OH 44710-1323**

3. Date Incorporated or Qualified **10/06/1995** 3a. Date of Last Report **02/20/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **34-1692976** Applied For Not Applicable

21. Suite, Apt #, etc.

26. Suite, Apt #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

25. Country

28. Zip

30. Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**L.C. GASKINS CONSTRUCTION CO., INC.
7016 DAVIS CREEK RD.
JACKSONVILLE FL 32256-3026**

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 of type 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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PVT	PLUM, JEFFREY B	1525 WHIPPLE AVE., S.W.	CANTON OH 44710	<input type="checkbox"/>
V	OATES, ROBERT D	1525 WHIPPLE AVE., S.W.	CANTON OH 44710	<input type="checkbox"/>
S	PLUM, BARBARA J	1525 WHIPPLE AVE., S.W.	CANTON OH 44710	<input type="checkbox"/>
DC	NOLAN, TERRY J	1525 WHIPPLE AVE., S.W.	CANTON OH 44710	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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 included 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: *Jeffrey B. Plum* **JEFFREY B. PLUM**

2-28-97 (330)477-7211

CR2E034 (9/96)