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FILED
May 08 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 # F96000000671 (5)

1. Corporation Name
MEDUSA-CITADEL, INC.



Principal Place of Business
ARCOLA RD
DEMOPOLIS AL 36732

Mailing Address
ARCOLA RD
DEMOPOLIS AL 36732

3. Date Incorporated or Qualified
02/09/1996

3a. Date of Last Report

2. Principal Place of Business
21 Suite Apt #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Medusa-Citadel, Inc.
27 Suite Apt #, etc.
28 P.O. Box 5668
29 City & State
30 Cleveland OH
31 Zip
32 44101
33 Country
34 USA

4. FEI Number
34-1786502

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DC	UDING, GEORGE E JR	3008 MONTICELLO BLVD	CLEVELAND HEIGHTS OH 44118	<input type="checkbox"/>
DP	KANE, ROBERT J	3008 MONTICELLO BLVD	DEMOPOLIS AL 36732	<input type="checkbox"/>
DVT	DENNY, R.BRECK	3008 MONTICELLO BLVD	DEMOPOLIS AL 36732	<input type="checkbox"/>
DVS	SIEGFRIED, JOHN P	3008 MONTICELLO BLVD	DEMOPOLIS AL 36732	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
1.1	1.2	1.3	1.4	<input type="checkbox"/>
2.1	2.2	2.3	2.4	<input type="checkbox"/>
3.1	3.2	3.3	3.4	<input type="checkbox"/>
4.1	4.2	4.3	4.4	<input type="checkbox"/>
5.1	5.2	5.3	5.4	<input type="checkbox"/>
6.1	6.2	6.3	6.4	<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 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]* Vice-President
TREASURER 4-28-97 (216) 371-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)