

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90010 039 ***150.00

DOCUMENT # **F98000006430**

Corporation Name
TALBOT HOLDINGS, LTD., INC.

Principal Place of Business
**6030 CAREY DR.
VALLEY VIEW OH 44125-4218**

Mailing Address
**6030 CAREY DR.
VALLEY VIEW OH 44125-4218**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/24/1998

4. FEI Number
25-1669807

Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution 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. **2090 Florence Ave**

27. Suite, Apt. #, etc.

28. **Dept. 77D**

29. **Cincinnati, OH**

30. **45206**

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CD**
CHRISTIE, JAMES R
STREET ADDRESS **31700 RESEARCH PARK DR.**
CITY-STATE-ZIP **MADISON HEIGHTS MI 48071**

TITLE ☒ DELETE

NAME **CD**
SHAFFER, ALAN L
STREET ADDRESS **4701 MARBURG AVE.**
CITY-STATE-ZIP **CINCINNATI OH 45209**

TITLE ☐ DELETE

NAME **C**
MCKEE, ROBERT C
STREET ADDRESS **6030 CAREY DR.**
CITY-STATE-ZIP **VALLEY VIEW OH 44125-4218**

TITLE ☐ DELETE

NAME **T**
DICKEY, DAVID R
STREET ADDRESS **4701 MARBURG AVE.**
CITY-STATE-ZIP **CINCINNATI OH 45209**

TITLE ☐ DELETE

NAME **ATAS**
LIENESCH, ROBERT P
STREET ADDRESS **4701 MARBURG AVE.**
CITY-STATE-ZIP **CINCINNATI OH 45209**

TITLE ☒ DELETE

NAME **S**
TAYLOR, WAYNE F
STREET ADDRESS **4701 MARBURG AVE.**
CITY-STATE-ZIP **CINCINNATI OH 45209**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **See Attached Statement**

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE **President** ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **Secretary**

6.3 STREET ADDRESS **O'Donnell, Hugh C.**

6.4 CITY-STATE-ZIP **4701 Marburg Ave.**

Cincinnati, OH 45209

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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:

Thomas A. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. SMITH

513-487-566

TALBOT

Attachment
DH# F98WUW43
DU 58319

Talbot.xls

NAME	OFFICERS	BUSINESS ADDRESS
James R. Christie Robert C. McKee David R. Dickey Robert P. Lienesch Hugh C. O'Donnell David L. Prewitt Thomas A. Smith	Chairman of the Board President Treasurer Assistant Treasurer and Assistant Secretary Secretary Chief Tax Officer Tax Officer	31700 Research Park Dr. Madison Hts, MI 48071 6030 Carey Drive Valley View, OH 44125 2090 Florence Ave., Cincinnati, Ohio 45206 2090 Florence Ave., Cincinnati, Ohio 45206 2090 Florence Ave., Cincinnati, Ohio 45206 2090 Florence Ave., Cincinnati, Ohio 45206 2090 Florence Ave., Cincinnati, Ohio 45206