FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G72981** **(5)**

1. Corporation Name

REPUBLIC DEVELOPMENT CORPORATION OF OHIO, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O STEPHEN H. REYNOLDS 111 EAST MADISON ST. 1ST FLR TW. 23RD FL TAMPA FL 33602	C/O STEPHEN H. REYNOLDS 111 EAST MADISON ST. 1ST FLR TW. 23RD FL TAMPA FL 33602

3. Date Incorporated or Qualified: 12/01/1983
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 111 E. Madison, 23rd F
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 111 E. Madison 23rd Fl
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 34-1417493 ☐ 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

REYNOLDS, STEPHEN H.
111 EAST MADISON STREET
1ST FLOOR TOWER, 23RD FLOOR
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 23rd Floor
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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ARNOS, RICHARD D.	1.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD., NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, WILLIAM C.	2.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, CHERYL L.	3.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD., NORTH	3.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	COTTRELL, KATHY	4.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD N	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, EUGENE T.	5.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD N.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ARNOS, RICHARD L.	6.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	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)(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: Kathy Cottrell Secretary 1-19-95 419-841-4931
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0280479 CP