

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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G72981 (5)
1. Corporation Name
REPUBLIC DEVELOPMENT CORPORATION OF OHIO, INC.



Principal Place of Business C/O STEPHEN H. REYNOLDS 111 E. MADISON, 23RD FL TAMPA FL 33602 US	Mailing Address C/O STEPHEN H. REYNOLDS 111 E. MADISON 23RD SL TAMPA FL 33602 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/01/1983	
21		26		4. FEI Number 34-1417493	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24		29			

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	
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	William C. Mitchell <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOS, RICHARD D.	1.2 NAME	President/Director
STREET ADDRESS	3150 REPUBLIC BLVD., NORTH	1.3 STREET ADDRESS	3150 Republic Blvd., N., #3
CITY-ST-ZIP	TOLEDO OH	1.4 CITY-ST-ZIP	Toledo, OH 43615
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, STEPHEN R.	2.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMERS, PETER P.	3.2 NAME	
STREET ADDRESS	3301 BAY SHORE BLVD #1608	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENLINE, 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARNOS, RICHARD L.	6.2 NAME	
STREET ADDRESS	3150 REPUBLIC BLVD. N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TOLDEO OH	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.

SIGNATURE: [Signature] SIGNATURE REQUIRED

1-23-98 419-841-4831

CR2E034 (10/97)