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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L05238 (5)

1. Corporation Name
HANCOR DRAINAGE SYSTEMS, INC.



Principal Place of Business

401 OLIVE STREET
P.O. BOX 1047
FINDLAY OH 45839

Mailing Address

401 OLIVE STREET
P.O. BOX 1047
FINDLAY OH 45839-1047

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/28/1989

3a. Date of Last Report

04/16/1996

4. FEI Number

31-1278661

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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

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 DP. ☒ DELETE
NAME KREMER, FREDERICK JR.
STREET ADDRESS 401 OLIVE ST. P.O. 1047
CITY-ST-ZIP FINDLAY OH

TITLE T ☐ DELETE
NAME HAUGHAWOUT, JOHN
STREET ADDRESS 401 OLIVE ST.
CITY-ST-ZIP FINDLAY OH

TITLE SD ☐ DELETE
NAME PROGER, PHILLIP
STREET ADDRESS 401 OLIVE ST.
CITY-ST-ZIP FINDLAY OH

TITLE AS ☐ DELETE
NAME HAUZIE, ROBERT
STREET ADDRESS 401 OLIVE ST.
CITY-ST-ZIP FINDLAY OH

TITLE AS ☐ DELETE
NAME DETER, PAULA
STREET ADDRESS 401 OLIVE ST.
CITY-ST-ZIP FINDLAY OH

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME DALE HERMAN PRESIDENT
1.3 STREET ADDRESS 401 OLIVE STREET
1.4 CITY-ST-ZIP FINDLAY OH 45840

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/25/97 419 424-8208

CR2E034 (9/96)