

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED

95 AUG -8 AM 10:18

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P00218

(8)

1. Corporation Name

SKILKEN-ROSLOVIC, INC.

Principal Place of Business

910 E BROAD ST
P.O. BOX 898
COLUMBUS OH 43215

Mailing Address

910 E BROAD ST
P.O. BOX 898
COLUMBUS OH 43216
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1984

3a. Date of Last Report

02/04/1994

4. FEI Number

31-0733738

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

VASSALLO, JOSEPH A.
3003 S. CONGRESS AVE.
SUITE 1B
PALM SPRINGS FL 33461

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 of current registered agent and his or her authorized representative)

(Signature of Registered Agent Signature required when installing)

(Date)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

PTD
SKILKEN, B. LEE
2717 FAIR AVE.
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

VSD
ROSLOVIC, NICK
2650 BRENTWOOD
COLUMBUS OH

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

Change Addition

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)(k), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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, and that I am a duly authorized officer or director 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 addition with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

B. Lee Skilken

7-27-95

614-253-8054