

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT #**

1. Corporation Name

**PO1225**

Rudolph/Libbe, Inc.

Principal Place of Business

Mailing Address

6494 Latcha Road  
Walbridge, Oh 43465-9738

6494 Latcha Road  
Walbridge, Oh 43465-9738

3. Date Incorporated or Qualified  
**03/15/84**

3a. Date of Last Report  
**03/01/95**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

4. FEI Number

**344452980**

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

10. Name and Address of New Registered Agent

Rains, John H, III  
One Tampa City Center STE 2100  
201 N. Franklin Street  
Tampa, FL 33601

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **PD**  DELETE  
NAME: Rudolph, Frederick W.  
STREET ADDRESS: ~~6494 Latcha Rd.~~  
CITY-ST-ZIP: ~~Walbridge Oh 43465~~

11 TITLE: **Pres**  Change  Addition  
12 NAME: **Kent A. Libbe**  
13 STREET ADDRESS: **6494 Latcha Rd**  
14 CITY-ST-ZIP: **Walbridge, Oh 43465**

TITLE: **VD**  DELETE  
NAME: Rudolph, Philip J.  
STREET ADDRESS: 27170 Lime City Road  
CITY-ST-ZIP: Perrysburg Oh 43551

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS:  
24 CITY-ST-ZIP:

TITLE: **SDT**  DELETE  
NAME: Libbe, Allan J.  
STREET ADDRESS: 29802 Sussex Rd.  
CITY-ST-ZIP: Perrysburg Oh 43551

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-ST-ZIP:

TITLE: **AST**  DELETE  
NAME: Rudolph, Marilyn L.  
STREET ADDRESS: 6494 Latcha Road  
CITY-ST-ZIP: Walbridge Ohio 43465

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-ST-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-ST-ZIP:

**000001788420**  
**04/22/96 01030 013**  
**\*\*\*200.00**

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 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:**

*Marilyn Rudolph* *Frederick W. Rudolph*

*3/18/96*

*419-240-3001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)

*4-20-96*