

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

**FILED**

**Apr 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P01225 (2)  
1. Corporation Name  
**RUDOLPH-LIBBE, INC.**



Principal Place of Business: 6494 LATCHA ROAD, WALBRIDGE OH 43465-9738  
Mailing Address: 6494 LATCHA ROAD, WALBRIDGE OH 43465-9738

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	03/15/1984	04/20/1996
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	34-4452920	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
RAINS, JOHN H, III ONE TAMPA CITY CENTER STE 2100 201 N FRANKLIN STREET TAMPA FL 33601				<input type="checkbox"/> Yes <input type="checkbox"/> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-issuing) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LIBBE, KENT A		1.2 NAME	Rudolph, Frederick W.	
STREET ADDRESS	6494 LATCHA RD.		1.3 STREET ADDRESS	6494 Latcha Road	
CITY-ST-ZIP	WALBRIDGE OH 43465		1.4 CITY-ST-ZIP	Walbridge, OH 43465	
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	RUDOLPH, PHILIP J.		2.2 NAME	Brian P. Zientek	
STREET ADDRESS	27170 LIME CITY ROAD		2.3 STREET ADDRESS	6494 Latcha Road	
CITY-ST-ZIP	PERRYSBURG OH 43551		2.4 CITY-ST-ZIP	Walbridge, OH 43465	
TITLE	SDT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIBBE, ALLAN J.		3.2 NAME		
STREET ADDRESS	29802 SUSSEX RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PERRYSBURGH OH 43551		3.4 CITY-ST-ZIP		
TITLE	AST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RUDOLPH, MARILYN L.		4.2 NAME		
STREET ADDRESS	6486 LATCHA ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WALBRIDGE OH 43465		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *[Handwritten signatures]*

CR2E034 (9/96)