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**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 03/15/1984	3a. Date of Last Report 04/20/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 34-4452920	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**RAINS, JOHN H, III
ONE TAMPA CITY CENTER STE 2100
201 N FRANKLIN STREET
TAMPA FL 33601**

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 _____ (NOTE: Registered Agent signature required when re-issuing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	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	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	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	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		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		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)