FILE	NOW:	FILING	FEE	AFTER	MAY 1	IS \$225.	.00
			- comments				

PROFIT CORPORATION ANNUAL REPORT



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

	1996
DOC	JMENT #

(0)

THE (GALBREATH COMPANY					
Principal Place	e of Business	Mailing Address				,11(1 0101 F1814 01011 01011 01841 B1811 01011 1001
180 EAST BROAD ST. 180 EAST BROAD ST. COLUMBUS OH 43215-3794 US US						
					3. Date Incorporated or Qualified	
9 Principal P	lace of Business	2a. Mailing Address			07/19/1984 4. FELNumber	04/18/1995
21 PHIROPALE	IGOS OL DIOZEIESS	28. Malling Address			31-1103714	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	е	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	<i>f</i>	8. This corporation has liability fo	
24	25 9. Name and Address of Curre	[29]	30			es 🔃 No
	9, Name and Address of Corre	nt Registered Agent	81	Name	10. Name and Address of New	Registered Agent
CT CO	RPORATION SYSTEM					
	PINE ISLAND ROAD		82	Street	Address (P.O. Box Number is Not Accepta	able)
	ATION FL 33324		83			
1	THOU I E SOULT			<u> </u>		
			84	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	named or	orporation submits this statement for the pi	urpose of changing its registered office
l or registe	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec	rida. Such change was authoriz	zed by the corp	oration's	board of directors. Thereby accept the ap	póintment as régistered agent. I am
SIGNATURE		•				
40	Signature, typed or printed name of registered agen			nt signature r	required when reinstating"	DATE
12. Tilt€	OFFICERS AN	ND DIRECTORS [X] DELETE	13.		ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
NAME	VANLANDINGHAM, SAM	LAN DECEME	1. 1 TITLE	İ	Lizamne Galbreath Me	Change 🗶 Addition
SIREEI ADDRESS	235 STANBERRY AVE		1.2 NAME	1 inopece		
CITY - ST - ZIP	BEXLEY OH			T ADDRESS	180 East Broad Stree	-
TITLE	S	K DELETE	2. 1 TITLE	51 - ZIP	Columbus, OH 43215-	-3/94 Change K Addition
NAME	PHILLIPS, JAMES W.	₩	2.2 NAME	ŀ	David E. Ramsay	Lij ondrige Alj redelien.
STREET ADDRESS	2355 TREMONT RD.			T ADDRESS	180 East Broad Stree	000 0440
CITY-ST-ZIP	COLUMBUS OH		24 City-5		Columbus, OH 43215-	
TITLE	CF0	DELETE	3 1 TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>	COLUMNUOS OII 43213	Change Addition
NAME	MCCORMICK, DOUGLAS		3 2 NAME	ļ		- <u>-</u>
S1REET ADDRESS	2411 SOVRON COURT		3.3. STREE	i addréss		
CITY-ST-ZIP	DUBLIN OH		3.4 CITY - S	ST - ZIP		
TITLE	٧T	☐ DELETE	4. 1 THILE			Change Addition
NAME	OPPENHEIMER, HARRY		4.2 NAME	ļ		
STREET ADDRESS	5518 OAKDALE COURT		4.3 STREET	I ADDRESS		
CITY-ST-ZIP	GALENA OH		4.4 CITY - 9	SI - ZIP		
THTLE	СР	X) DELETE	5. 1 TITLE			☐ Change ☐ Addition
NAME	GALBREATH, DANIEL M		5.2 NAME			
STREET ADDRESS	ROUTE 1		5.3 STREET	ADDRESS		
C-TY-ST-ZIP	GALLOWAY OH	DELETE	5.4 CITY - S	IT-ZIP		
TITLE		1 1 (1)(1)				□ Change □ Addition □
LIALAT			6 1 TITLE			Change Addition
NAME SIREET ADDRESS			62 NAME	ADDDECC		Change Muurion

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.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(614) 460-4444