

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P06317 (2)

1. Corporation Name

MARSHALL PROPERTIES, INC.



Principal Place of Business

P.O. BOX 840
LIMA OH 45802

Mailing Address

P.O. BOX 840
LIMA OH 45802

3. Date Incorporated or Qualified

06/05/1985

3a. Date of Last Report

05/01/1995

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

25

29

30

9. Name and Address of Current Registered Agent

INGLIS, JOHN S.
101 E. KENNEDY BLVD., SUITE 2500
TAMPA FL 33602

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 typed or printed name of registered agent and block 11, if applicable

NOTE: Registered Agent's signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	BORRA PIER C.	
STREET ADDRESS	1100 SHAWNEE RD.	
CITY- ST- ZIP	LIMA OH 45805	
TITLE	DT	☒ DELETE
NAME	DUKEMAN, H. BRUCE	
STREET ADDRESS	1100 SHAWNEE	
CITY- ST- ZIP	LIMA OH 45805	
TITLE	S	☐ DELETE
NAME	ROUSH BRAD C.	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH 45805	
TITLE	V	☐ DELETE
NAME	CLARK RICHARD J.	
STREET ADDRESS	1100 SHAWNEE ROAD	
CITY- ST- ZIP	LIMA OH 45805	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	Treasurer / Asst. Secretary ☒ Change ☐ Addition
2.2 NAME	Stephen M. Mengert
2.3 STREET ADDRESS	1100 Shawnee Rd
2.4 CITY- ST- ZIP	Lima OH 45805
3.1 TITLE	Secretary / Director ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

(419) 227-3000
Daytime Phone

CR2E034 (12/95)