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

PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

10

Principal Place of Business

2. Principa Place of Business

Suite, Apt. #, etc.

City & Statu

23

24

 $Z_{10}$ 

4670 LARWELL DRIVE COLUMBUS OH 43220

**DOCUMENT # P07137** 

(3)

Mailing Address **4670 LARWELL DRIVE** 

2a. Mailing Address

City & State

Suite Apt. #, etc.

26

27

28 Ζip

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COLUMBUS OH 43220-3621

LANTZ, JONES AND NEBRASKA, INC.

Country

9. Name and Address of Current Registered Agent

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HARVIN, WESLEY R. 3727 S.E. OCEAN BLVD.

Mar 04 1				n
Secreta	irv o	f S	tate	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	<i>-</i>	_ ~		
3. Date incorporated or Qualified	3a. Date of		port	
08/16/1985	03/26/1			
4. FEI Number	}		olied For	
31-0814185			Applicable	
5. Certificate of Status Desired	1 1 7 -	Pee Rec	dditional puired	
Election Campaign Financing		5.00 1		
Trust Fund Contribution	<del></del>	Added to	•	
8. This corporation has liability for in	tangible tax u	nder s.	199.032,	
Florida Statutes	Yes 🔀 No	ı		
10. Name and Address of New Reg	istered Agen	t		
s (P.O. Box Number is Not Acceptable	9)			l
	85	Zip C	ode	
	FL	'		
ation submits this statement for the purish board of directors. I hereby accept	rpose of char	nging its sent as r	registered egistered	
s bound of directors. Thereby decoupt	то арропи	,01.1,00	ogiotoroa	
when reinstating)	DATE	COTOD	2 181 42	<u>~</u>
ADDITIONS/CHANGES TO OFFICE		Change	Addition	(96/6)
	L L	กลเนีย	L. J. AUGROON	ල

FILED

SUITE 101 83 STUART FL 33494 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Styriation type Josephint dinance of regions diagent and the it applicable (NOTE: Registered Agent signature required whi 12. OFFICERS AND DIRECTORS 13. PD ☐ DELETE 1.1 TITLE THE JONES, JAMES THOMAS 1.2 NAME LAM 4410 CLEARBROOK COURT STREET ADORESS 1.3 STREET ADDRESS COLUMBUS OH 1.4 CITY - ST- ZIP CITY-ST ZIE Addition C VD DELETE Change HILE 2.1 TITLE NEBRASKA, JAMES E. NAME 2.2 NAME 1984 SAMADA AVENUE 2.3 STREET ADDRESS STREET ADDRESS **WORTHINGTON OH** 2.4 CITY-ST-ZIP 6PY-\$L-7-5 Change STD DELETE Addition THUE 3.1 TITLE LANTZ, PAUL WILLIAM BAMî 3.2 NAME 615 E. TOWN STREET **33 STREET ADDRESS** STREET ADDRESS **COLUMBUS OH** 34. CITY-ST-ZIP CITY ST 7/2 DELETE Change .... Addition 41 TITLE THE SHELLEY, WILLIAM R. 4. 2 NAME HAMI 3661 KENNYBROOK LANE 4.3 STREET ADDRESS STREET ADDRESS **COLUMBUS OH** 4.4 CHY-ST-ZIP City-St-7-2 DELETE Change Addition 51 TITLE THUE MARLIN, JAMES J. 5.2 NAME MANU 2066 W. HENDERSON RD. STREET ATTURESS **5.3 STREET ADDRESS COLUMBUS OH** 54 CITY-ST-ZIP CHY-\$1-7-4 DELETE Change Addition 61 TITLE MANA 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP DITY - \$1 - 74P

Country

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Name

Street Address (

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14. I do hereby cert by 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 abriush 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 truesdet empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if of with an address.

SIGNATURE

p, w. Lante, Sec./Trea

614-459-5950