

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P08376 (6)**

1. Corporation Name

**THE MIDLAND COMPANY**

Principal Place of Business

537 E. PETE ROSE WAY  
P.O. BOX 1256  
CINCINNATI OH 45201

Mailing Address

537 E. PETE ROSE WAY  
P.O. BOX 1256  
CINCINNATI OH 45201



2. Principal Place of Business		2a. Mailing Address	
21 7000 Midland Blvd	26 7000 MIDLAND BLVD		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 PO Box 1256	27		
City & State		City & State	
23 Amelia Ohio	28 AMELIA OHIO		
Zip 45102	Country Clermont	Zip 45102	Country CLERMONT

3. Date Incorporated or Qualified <b>12/11/1985</b>	3a. Date of Last Report <b>07/03/1995</b>
4. FEI Number <b>31-0742526</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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

SANFORD, PAUL P.  
ROGERS, TOWERS, BAILEY, JONES & GAY  
1300 GULF LIFE DRIVE  
JACKSONVILLE FL 32207

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, J.P. JR.	1.2 NAME	
STREET ADDRESS	537 E. PETE ROSE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONATON, MICHAEL J.	2.2 NAME	
STREET ADDRESS	537 E. PETE ROSE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABAR, JOHN R.	3.2 NAME	
STREET ADDRESS	537 E. PETE ROSE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, ROBERT M.	4.2 NAME	
STREET ADDRESS	537 E. PETE ROSE WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	4.4 CITY-ST-ZIP	
TITLE	VT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VON LEHMAN, JOHN I.	5.2 NAME	
STREET ADDRESS	537 E. PETE ROSE WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH	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 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:

*John I Von Lehman* John I VonLehman 4/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

513 943 7100

Date Daytime Phone #

CR2E034 (12/95)