

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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P08376** (6)

1. Corporation Name  
**THE MIDLAND COMPANY**

Principal Place of Business

**7000 MIDLAND BLVD  
PO BOX 1256  
AMELIA OH 45102  
US**

Mailing Address

**7000 MIDLAND BLVD  
P.O. BOX 1256  
AMELIA OH 45102-2808  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

**12/11/1985**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**31-0742526**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ 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

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYDEN, J.P. JR.</b>	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>CONATON, MICHAEL J.</b>	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> DELETE
NAME	<b>LABAR, JOHN R.</b>	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAYDEN, ROBERT M.</b>	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>VON LEHMAN, JOHN I.</b>	
STREET ADDRESS	<b>537 E. PETE ROSE WAY</b>	
CITY - ST - ZIP	<b>CINCINNATI OH</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
1.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
2.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>7000 MIDLAND BLVD</b>
3.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>7000 MIDLAND BLVD.</b>
4.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	<b>7000 MIDLAND BLVD.</b>
5.4 CITY - ST - ZIP	<b>AMELIA, OH 45102</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

*John R. Labar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/97**  
Date

**513-943-7200**  
Daytime Phone

CR2E034 (9/96)