

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P09000 (1)

1. Corporation Name

MIDLAND-GUARDIAN CO.



Principal Place of Business

Mailing Address

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

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

3. Date Incorporated or Qualified

02/06/1986

3a. Date of Last Report

04/25/1995

4. FEI Number

31-0626204

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

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 CINCINNATI, OHIO

Zip

Country

Zip

Country

24 45102

25 Clermont

29 45102

30 CLERMONT

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANFORD, PAUL P.
ROGERS, TOWERS, BAILEY, JONES & GAY
1300 GULF LIFE DRIVE, SUITE 800
JACKSONVILLE FL 32207**

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 ☐ DELETE
NAME **CD**
STREET ADDRESS **HAYDEN, J.P. JR.**
CITY-ST-ZIP **537 E. PETE ROSE WAY**
CINCINNATI OH

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **CONATON, MICHAEL J.**
CITY-ST-ZIP **537 E. PETE ROSE WAY**
CINCINNATI OH

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **HAYDEN, ROBERT W.**
CITY-ST-ZIP **537 E. PETE ROSE WAY**
CINCINNATI OH

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VSD**
STREET ADDRESS **LABAR, JOHN R.**
CITY-ST-ZIP **537 E. PETE ROSE WAY**
CINCINNATI OH

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VT**
STREET ADDRESS **VON LEHMAN, JOHN I.**
CITY-ST-ZIP **537 E. PETE ROSE WAY**
CINCINNATI OH

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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: **X John I Von Lehman** John I VonLehman

4/24/96

513 943 7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)