

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P10265 (7)

1. Corporation Name

SETTERLIN CONSTRUCTION COMPANY

Principal Place of Business

Mailing Address

P. O. BOX 21288  
2000 KENNY ROAD  
COLUMBUS OH 43221

P. O. BOX 21288  
2000 KENNY ROAD  
COLUMBUS OH 43221



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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

3. Date Incorporated or Qualified

05/29/1986

3a. Date of Last Report

08/01/1995

4. FEI Number

31-1006457

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

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

(If not: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PC  
SETTERLIN, RALPH R JR.  
2650 MCCOY ROAD  
COLUMBUS OH

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STD  
SETTERLIN, RALPH F III  
3560 SCHIRTZINGER ROAD  
HILLIARD OH

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
SETTERLIN, DAVID A  
2043 BEDFORD RD  
COLUMBUS OH

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

V  
MORGAN, DAVID L  
925 MEEKLYNN DRIVE  
WORTHINGTON OH

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

Change Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

Change Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

Change Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

Change Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

Change Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

Change Addition

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 19.07(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 617, 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

8-1-96

614-486-7108