

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

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AND
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95 MAR -1 PM 4: 20

INCORPORATED,
ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA 32399-0001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12762 (1)

FINKBEINER, PETTIS & STROUT, CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4405 TALMADGE RD. TOLEDO OH 43623-3509	Mailing Address 4405 TALMADGE RD. TOLEDO OH 43623-3509
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3. Date Incorporated or Qualified 12/31/1986	3a. Date of Last Report 02/03/1994
4. FEI Number 34-1099048	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc.	2a. Mailing Address 26 State, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	SMITH, KENNETH R.
STREET ADDRESS	3419 PELHAM RD.
CITY - ST - ZIP	TOLEDO OH
TITLE	V
NAME	NIXON, GARY G.
STREET ADDRESS	8 LANDS END DR.
CITY - ST - ZIP	GREENSBORO, NC.
TITLE	T
NAME	HENRY, WARREN E.
STREET ADDRESS	4643 SHERINGHAM LANE
CITY - ST - ZIP	SYLVANIA OH
TITLE	S
NAME	AUBELL, GREGORY G.
STREET ADDRESS	10346 OBEE ROAD
CITY - ST - ZIP	WHITEHOUSE OH
TITLE	D
NAME	JOHNSON, GARY W.
STREET ADDRESS	1515 JEFFERSON AVE.
CITY - ST - ZIP	AKRON OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
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 is substantially true and correct and that I am an officer or director of the corporation on the date of filing and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation on the date of filing and that my signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ DATE: **1-18-95** **419 473 1171**