

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 # P12762 (1)
 1. Corporation Name
FINKBEINER, PETTIS & STROUT, CORPORATION



Principal Place of Business Mailing Address
4405 TALMADGE RD. TOLEDO OH 43623-3509

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.

3. Date Incorporated or Qualified **12/31/1986** 3a. Date of Last Report **03/01/1995**
 4. FEI Number **34-1099048** 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
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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	SMITH, KENNETH R.
STREET ADDRESS	3419 PELHAM RD.
CITY - ST - ZIP	TOLEDO OH
TITLE	V <input type="checkbox"/> DELETE
NAME	NIXON, GARY G.
STREET ADDRESS	8 LANDS END DR.
CITY - ST - ZIP	GREENSBORO, NC.
TITLE	T <input type="checkbox"/> DELETE
NAME	HENRY, WARREN E.
STREET ADDRESS	4643 SHERINGHAM LANE
CITY - ST - ZIP	SYLVANIA OH
TITLE	S <input type="checkbox"/> DELETE
NAME	AUBELL, GREGORY G.
STREET ADDRESS	10346 OBEE ROAD
CITY - ST - ZIP	WHITEHOUSE OH
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GARY W.
STREET ADDRESS	1515 JEFFERSON AVE.
CITY - ST - ZIP	AKRON OH
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Johnson, Gary W.
13 STREET ADDRESS	1515 Jefferson Avenue
14 CITY - ST - ZIP	Akron, Ohio 44313
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Covell, Phillip L.
53 STREET ADDRESS	1991 Briarwood Road
54 CITY - ST - ZIP	Temperance, Michigan 48182
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(A), 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: *Gary W. Johnson* **Gary W. Johnson** **7/3/96** **(419) 473-1121**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)