

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90238 026 \*\*\*150.00

DOCUMENT # P16268

1. Corporation Name

PAULICH SPECIALTY CO., INC.

Principal Place of Business

15813 WATERLOO ROAD  
CLEVELAND OH 44110

Mailing Address

15813 WATERLOO ROAD  
CLEVELAND OH 44110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/06/1987

4. FEI Number

34-0932172

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 owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1695 JOSEPH LLOYD PKWY

Suite, Apt. #, etc.

22 City & State

23 WILLOUGHBY, OH

24 Zip

44094

Country

25 USA

2a. Mailing Address

26 1695 JOSEPH LLOYD PKWY

Suite, Apt. #, etc.

27 City & State

28 WILLOUGHBY, OH

29 Zip

44094

Country

30 USA

9. Name and Address of Current Registered Agent

PAULICH, JOHN, III  
3401 TAMiami Trl., N. Ste. 207  
NAPLES FL 33940

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 PTD ☐ DELETE

NAME PAULICH, JOSEPHINE

STREET ADDRESS 6189 NORMAN LANE

CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE VSD ☐ DELETE

NAME PAULICH, JOHN, III

STREET ADDRESS 9331 NORTH TAMiami TRAIL

CITY-ST-ZIP NAPLES FL

TITLE D ☐ DELETE

NAME PAULICH, JOHN, JR.

STREET ADDRESS 6189 NORMAN LANE

CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE VP ☐ DELETE

NAME GORYANCE, REX

STREET ADDRESS 6189 NORMAN LANE

CITY-ST-ZIP MAYFIELD VILLAGE OH

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)