

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P16952

1. Entity Name
ROPPE CORPORATION



Principal Place of Business
**1602 NORTH UNION STREET
FOSTORIA, OH 44830**

Mailing Address
**1602 NORTH UNION STREET
FOSTORIA, OH 44830**



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1535998

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A.G.C. CO
2300 SUN BANK CENTER
200 S. ORANGE ST
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
MILLER, DONALD P.
1602 NORTH UNION STREET
FOSTORIA, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPT
BAKER, MARK J
1602 NORTH UNION STREET
FOSTORIA, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SCHALK, EUGENE N.
1602 NORTH UNION STREET
FOSTORIA, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SANDMAN, DAN
1602 NORTH UNION STREET
FOSTORIA, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPD
MILLER, JUDY R
1602 N UNION ST
FOSTORIA, OH**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GILLET, ANGELA
1602 NORTH UNION STREET
FOSTORIA, OH**

U000000102390
04/05/04-80013-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark J Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Baker

3/30/04

Date

419-436-4595

Daytime Phone #