

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

DOCUMENT # P17938

1. Corporation Name

ROBERT P. O'BRIEN ENTERPRISES, INC.

Principal Place of Business

9748 FLATTOP DRIVE
CINCINNATI OH 45251-1404

Mailing Address

9748 FLATTOP DRIVE
CINCINNATI OH 45251-1404

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90068 011 ***158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1988

4. FEI Number

31-1144358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

O'BRIEN, MOLLIE C.
9184 KINGSLEY STREET
HOBE SOUND FL 33455

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 CC
NAME O'BRIEN, ROBERT P.
STREET ADDRESS 9748 FLATTOP DRIVE
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

TITLE P
NAME O'BRIEN, MICHAEL P.
STREET ADDRESS 3748 SUSANNA DRIVE
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

TITLE T
NAME LONG, JAMES
STREET ADDRESS 6645 COLERAIN AVE
CITY-ST-ZIP CINCINNATI OH

☐ DELETE

TITLE S
NAME KUSHMAN, ROBERT
STREET ADDRESS 259 TOWNSHIP AVENUE
CITY-ST-ZIP CINCINNATI OH

☒ DELETE

TITLE S
NAME HUMBERT, ROBERT
STREET ADDRESS 9208 WEST ROAD
CITY-ST-ZIP CLEVELAND OH 45002

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: *Michael P. O'Brien* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/99

(513) 931-9641

Date

Daytime Phone #

CR2E034 (1/98)