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 # P19143

Corporation Name

CARILLON MARKETING AGENCY, INC.

Principal Place of Business Mailing Address								*****************			
1876 WAYCROSS ROAD CINCINNATI OH 45240			1876 WAYCROSS ROAD CINCINNATI OH 45240					DO NOT WRIT	TE IN THIS	SPACE	
							3. Date Incorporate	ed or Qualifed			
							05/05/1988				
2. Principal Place of Business			2a. Mailing Address				4. FEI Number			Ap	plied For
21			26				31-1235493			No.	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Sta	tue Desired			Additional
22			27				J. Certificate of Sta	ilus Desired	<u> </u>	Fee Re	equired
City & State			City & State				6. Election Campa	ign Financing	П	\$5.00	May Be
23			28				Trust Fund Contribution Added to Fees				
Zip	Country		Zip	Cour	ntry		8. This corporation	owes the curr	ent year Inta		_
24	25	29		30			Personal Proper			☐ Yes	□No
	9. Name and Address of Curren	t Regist	ered Agent			r .	10. Name and Add	iress of New R	egistered /	Agent	<u>-</u> i
CT C	CODDODATION SVSTEM				81	Name					
CT CORPORATION SYSTEM				ŀ	82	Street A	reet Address (P.O. Box Number is Not Acceptable)				
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 (1987)											
PLAI	NIATION PL 33324				83						
				ļ	84	City	<u>'</u>			85 Zip	Code
									FL		
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida	a. Such change was au	ithorized	bν	the corpo	oration submits this sta on's board of directors.	tement for the I hereby accer	t the appoir	changing its ntment as re	egistered
SIGNATURE				D			d urban enlocateting)		DATE		_ -
12.	Signature, typed or printed name of registered ager OFFICERS AN			13.	Agen	nt signature re-	d when reinstating) ADDITIONS/CHA	NGES TO OF		D DIRECTO	ORS IN 12
TITLE	PD OFFICERS AIN	D DINCK	DELETE	1.1 TIT	1 F					Change	Addition
NAME	VASHOLZ, LOTHAR A.		٠, ١٥٠٠٠	1.2 NA							
STREET ADDRESS 1876 WAYCROSS ROAD						TADDRESS					
CINCINNATI OLI				1.4 CITY-5							
CITY-ST-ZIP	T		DELETE	2.1 111		1-21-	,			Change	Addition
TITLE	MITCHELL, MARILYN R		_ basic	2.2 NA			PEPPERS, MICHAEI	LС		42 V	_
NAME	1876 WAYCROSS RD			1		TADDRESS	.876 WAYCROSS RI				
STREET ADDRESS	CINCINATI OH		.7	H			INCINNATI OH	45240	*-		÷
CITY-ST-ZIP	SV		☐ DELETE		2.4 CITY-ST-ZIP 3.1 TITLE					Change	Addition
TITLE	WESTERBECK, DAVID F.		_		NAME					_ •	-
NAME	1876 WAYCROSS ROAD					TARRESC					İ
STREET ADDRESS	****					TADDRESS					
CITY-ST-ZIP	CINCINNATI OH		DELETE		. CFTY-ST-ZIP					Change	Addition
TILE	AS COMMENT OF THE PROPERTY OF		□ DELETE	4.1 TITLE 4. 2 NAME							
NAME	LABMEIER, JOHN F.										
STREET ADDRESS	1876 WAYCROSS ROAD					TADDRESS					
CITY-ST-ZIP	CINCINNATI OH			4.4 CIT		T-ZiP	· -			Change	Addition (
TITLE	AS LUCAS IOUNIA		☐ DELETÉ	5.1 TITLE 5.2 NAME						Change	C) Addition (
NAME	LUCAS, JOHN M.										ļ
STREET ADDRESS	1876 WAYCROSS ROAD					TADDRESS					
CITY-ST-ZIP	CINCINNATI OH			5.4 CIT	_	IT-ZIP	<u> </u>			CT 01	:::
TITLE	D		☐ DELETE	6.1 TIT		i				Change	☐ Addition
MANE	PIKE LARRY R			6.2 NA	ME						

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 off an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

PIKE, LARRY R. -1876 WAYCROSS ROAD

CITY-ST-ZIP EST CINCINNATI: OH 12894

TURE AND TYPED OR EXINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

(513) 595-2632

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90113 036 ***150.00

A PROPERCY CONTRACTOR DESIGN TRACE BEEST STATEMENT BECCH CONTRACTOR CANCEL CONTRACTOR

Daytime Phone #

R2E034 (11/98)