FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	

FILED Jan 21 1997 8:00am Secretary of State

DOCUMENT # P22651 (4)

1. Corporation Name

THICKSTUN BROTHERS EQUIPMENT CO., INC.

Principal Place of Business	Mailing Address
841 ALTON AVENUE COLUMBUS OH 43219	841 ALTON AVENUE COLUMBUS OH 43219-3710

3. Date Incorporated or Qualified	3a. Date of Last Report
01/20/1989	03/01/1996

2. Principal Place of Business

21	
Suite, Apt. #, etc. 22	
City & State 23	
Zip 24	Country 25

2a. Mailing Address

26	
Suite, Apt. #, etc. 27	
City & State 28	
Zip 29	Country 30

4. FEI Number **31-0963561** — 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

GWYNN, GEORGE H
316 WILLIAMS STREET
TALLAHASSEE FL 32303

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 / **13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE				Change / Addition
TITLE **PD**	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME **THICKSTUN, TIMOTHY L.**		1.2 NAME		
STREET ADDRESS **325 DEER TRAIL RD.**		1.3 STREET ADDRESS		
CITY-ST-ZIP **REYNOLDSBURG OH**		1.4 CITY-ST-ZIP		
TITLE **VD**	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME **THICKSTUN, JOANNE D.**		2.2 NAME		
STREET ADDRESS **240 E. MAYNARD AVE**		2.3 STREET ADDRESS		
CITY-ST-ZIP **COLUMBUS OH**		2.4 CITY-ST-ZIP		
TITLE **STD**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME **THICKSTUN, STEVEN M.**		3.2 NAME		
STREET ADDRESS **7410 E. RICH ST.**		3.3 STREET ADDRESS		
CITY-ST-ZIP **REYNOLDSBURG OH**		3.4 CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: _(signed)_ STEVEN M. THICKSTUN   1/7/97   (614) 252-8422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #