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Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26279 (0)
1. Corporation Name
YODER & FREY AUCTIONEERS, INC.

Principal Place of Business

301 1/2 STRYKER ST.
P.O. BOX 244
ARCHBOLD OH 43502
US

Mailing Address

301 1/2 STRYKER ST.
P.O. BOX 244
ARCHBOLD OH 43502
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1989

4. FEI Number

34-0945813

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 or has paid the current year intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. # etc.

25 Suite, Apt. # etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0508, 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 file if applicable)

(NOTE: Registered Agent signature required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME CLARK, V. PETER
STREET ADDRESS 301 1/2 STRYKER ST.
CITY-ST-ZIP ARCHBOLD OH

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME LANEVE, A. D. II
STREET ADDRESS 301 1/2 STRYKER ST.
CITY-ST-ZIP ARCHBOLD OH

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME LANEVE, A. D. SR.
STREET ADDRESS 301 1/2 STRYKER ST.
CITY-ST-ZIP ARCHBOLD OH

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME FREY, ELIAS
STREET ADDRESS 301 1/2 STRYKER ST.
CITY-ST-ZIP ARCHBOLD OH

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE

Signature: *ALAN D. LANEVE, SR.* ALAN D. LANEVE, SR.

01-22-98

419-445-8701

SIGNATURE AND TYPED OR PRINTED NAME OF CHAIRMAN OFFICER OR DIRECTOR

SEC - TREAS

Date

Page and Phone # 0630326

CR2E034 (10/97)