

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northrup
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27228 (6)

1. Corporation Name
FRANCIS DAVID CORPORATION

Principal Place of Business: 5005 ROCKSIDE ROAD, PH 100 INDEPENDENCE OH 44131
Mailing Address: 5005 ROCKSIDE ROAD, PH 100 INDEPENDENCE OH 44131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/06/1989
3a. Date of Last Report: 05/01/1994

4. FEI Number: 34-1569688
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. 109.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PTD
NAME: WEILAND, FRANCIS J.
STREET ADDRESS: 3502 SE 19TH PLACE
CITY- ST- ZIP: CAPE CORAL FL

1.1 TITLE: V/D
1.2 NAME: RAHILLY, JOHN A.
1.3 STREET ADDRESS: 250 SENLAC HILLS
1.4 CITY- ST- ZIP: CHAGRIN FALLS, OH 44022
 Change Addition

TITLE: D
NAME: WEILAND, MARGARET S.
STREET ADDRESS: 3502 SE 19TH PLACE
CITY- ST- ZIP: CAPE CORAL FL

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

TITLE: S
NAME: FLASK, JOHN A.
STREET ADDRESS: 4401 ROCKSIDE RD #408
CITY- ST- ZIP: INDEPENDENCE OH

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

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

TITLE:
NAME:
STREET ADDRESS:
CITY- ST- ZIP:

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR EMPLOYEE

Date

(Use form 14000-8)

John A. Rahilly

4-28-95