

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
Mar 12 1997 8:00am
Secretary of State

DOCUMENT # P29283 (9)

1. Corporation Name
COLUMBUS - AMERICA DISCOVERY GROUP, INC.



Principal Place of Business
**433 WEST SIXTH AVENUE
COLUMBUS OH 43201**

Mailing Address
**433 WEST SIXTH AVENUE
COLUMBUS OH 43201-3136**

3. Date Incorporated or Qualified
05/10/1990

3a. Date of Last Report
03/28/1996

4. FEI Number
31-1221030

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. Country

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

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 (Note: Type the printed name of registered agent and date, if applicable) (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, THOMAS G.	1.2 NAME	
STREET ADDRESS	5101 N A1A	1.3 STREET ADDRESS	
CITY- ST- ZIP	FT PIERCE FL	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, ROBERT D.	2.2 NAME	
STREET ADDRESS	500 E. MAYNARD	2.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	2.4 CITY- ST- ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELAND, CURTIS A., ESQ	3.2 NAME	
STREET ADDRESS	41 SOUTH HIGH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	COLUMBUS OH	3.4 CITY- ST- ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLEY, DEBRA L	4.2 NAME	
STREET ADDRESS	644 THISTLE AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	GAHANNA OH	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBOL, RICHARD T	5.2 NAME	
STREET ADDRESS	433 W. 6TH AVE.	5.3 STREET ADDRESS	
CITY- ST- ZIP	COLOMBUS OH	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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 is based 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: *X Debra L. Burley* **Debra L. Burley** **2-3-97** **744-299-6000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)