

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P30144** (0)
1. Corporation Name
TRI-C CONSTRUCTION COMPANY OF OHIO, INC.



Principal Place of Business
**1765 MERRIMAN ROAD
AKRON OH 44313**

Mailing Address
**1765 MERRIMAN ROAD
AKRON OH 44313**

3. Date Incorporated or Qualified
07/12/1990

3a. Date of Last Report
04/19/1995

4. FEI Number
34-1636772

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

30

9. Name and Address of Current Registered Agent

**C T 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 607.1508, 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 resigning)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------|--|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | PETRARCA, ANTHONY A. | |
| STREET ADDRESS | 1765 MERRIMAN ROAD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | PELECH, MICHAEL | |
| STREET ADDRESS | 1765 MERRIMAN ROAD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | PETRARCA, LENORA J. | |
| STREET ADDRESS | 1765 MERRIMAN ROAD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | ASEC | <input type="checkbox"/> DELETE |
| NAME | DUFF, ANDREW R. | |
| STREET ADDRESS | 1765 MERRIMAN RD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | NOGGLE, D. BRUCE | |
| STREET ADDRESS | 1765 MERRIMAN ROAD | |
| CITY-ST-ZIP | AKRON OH | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE |
| NAME | WAINWRIGHT, JON M | |
| STREET ADDRESS | 1765 MERRIMAN ROAD | |
| CITY-ST-ZIP | AKRON OH | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | VP/CEO |
| 6.3 STREET ADDRESS | DENIS A. ROSS |
| 6.4 CITY-ST-ZIP | 1765 MERRIMAN ROAD AKRON OHIO 44313 |

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 199.032(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

330-836-9771

CR2E034 (12/95)