

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000010844 (7)

1. Corporation Name

VERCO MANAGEMENT COMPANY, INC.

Principal Place of Business

30 CHANNEL CAY RD.
NORTH KEY LARGO FL 33037

Mailing Address

949 KING AVE.
COLUMBUS OH 43212
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

04/22/1994

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

65-0391559

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 interstate tax under S. 190.032

Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

BAKER, CARLYLE M
30 CHANNEL CAY ROAD
NORTH KEY LARGO FL 33037

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 recording.

Date

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
P
CARLYLE M. BAKER,
30 CHANNEL CAY ROAD
NORTH KEY LARGO FL 33037

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
VP
DAVID J. HOGAN,
949 KING AVENUE
COLUMBUS OH 43212

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
T
JANET B. AUID,
949 KING AVENUE
COLUMBUS OH 43212

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP
S
JOSEPH B. DEVENNISH,
949 KING AVENUE
COLUMBUS OH 43212

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY, ST, ZIP

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)(b), 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 recorder 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 addendum with an address.

SIGNATURE:

DAVID J. HOGAN

VICE PRESIDENT OF FINANCE

4-26-95