

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P93000018871 (2)

1. Corporation Name
LARGO INVESTMENT COMPANY, INC.



Principal Place of Business
**30 CHANNEL CAY RD.
NORTH KEY LARGO FL 33037**

Mailing Address
**949 KING AVE
ATTN DAVID J HOGAN
COLUMBUS OH 43212
US**

3. Date Incorporated or Qualified **03/12/1993** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	2a.	Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	Country

4.	FBI Number	Applied For
	65-0391559	Not Applicable
5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BAKER, CARLYLE M
30 CHANNEL CAY RD.
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
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, Type or print name in Block 12 or Block 13.

Block 12: Title of person signing this Page and the Corporation. Block 13: Title of Agent signing this Page and the Corporation.

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CARLYLE M	1.2 NAME	
STREET ADDRESS	30 CHANNEL CAY RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH KEY LARGO FL 33037	1.4 CITY - ST - ZIP	
TITLE	VT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOGAN, DAVID J	2.2 NAME	
STREET ADDRESS	949 KING AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH 43212	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AULD, JANET B	3.2 NAME	
STREET ADDRESS	949 KING AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH 43212	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVENNISH, JOSEPH B	4.2 NAME	
STREET ADDRESS	949 KING AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	COLUMBUS OH 43212	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 manager 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 attached form with an address.

SIGNATURE: _____

SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

DATE

PRINT NAME

CR2E034 (12/95)