

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
May 15 1998 8:00am  
Secretary of State

DOCUMENT # P96000072550 (2)

1. Corporation Name  
THC OHIO, INC.



Principal Place of Business  
111 RIVERSIDE AVE  
JACKSONVILLE FL 32202

Mailing Address  
111 RIVERSIDE AVE  
JACKSONVILLE FL 32202

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/29/1996

4. FEI Number

59-3412888

Applied For

Not Applicable

5. Certificate of Status Desired

xx

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes

No

9. Name and Address of Current Registered Agent

GARTNER, W.A.  
1660 PRUDENTIAL DRIVE  
SUITE 203  
JACKSONVILLE FL 32202

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME VANDERGRIF, C. EDWARD  
STREET ADDRESS 111 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

DELETE

TITLE D  
NAME MULLINEX, EDWARD W JR.  
STREET ADDRESS 111 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

xx DELETE

TITLE D  
NAME PARK, CHRISTOPHER S  
STREET ADDRESS 111 RIVERSIDE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32202

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME Vandergriff, C. Edward  
1.3 STREET ADDRESS 111 Riverside Avenue  
1.4 CITY-ST-ZIP Jacksonville, FL 32202

xx Change Addition

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

Change Addition

3.1 TITLE DVS  
3.2 NAME Park, Christopher S.  
3.3 STREET ADDRESS 111 Riverside Avenue  
3.4 CITY-ST-ZIP Jacksonville, FL 32202

xx Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I 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 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 on an attachment with an address.

CR2E034 (10/97)