

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000019409

1. Entity Name
G-R (FLORIDA) INC.



Principal Place of Business
1199 EDISON DRIVE
CINCINNATI, OH 45216

Mailing Address
1199 EDISON DRIVE
CINCINNATI, OH 45216



04192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1525699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/T IMESCH, ALBERT 1199 EDISON DRIVE CINCINNATI, OH 45216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KING, FREDERICK G 1199 EDISON DRIVE CINCINNATI, OH 45216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT LARSEN, DANIEL R 1199 EDISON DRIVE CINCINNATI, OH 45216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LUTH, MARY A 1199 EDISON DRIVE CINCINNATI, OH 45216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000127117
04/23/04-80061-019 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel R. Larsen, 4-20-04

Date

Daytime Phone #

513-948-
8000