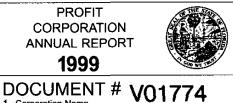
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90072 036 \*\*\*150.00

PURITY FINANCIAL CORP. Mailing Address Principal Place of Business C/O THOMAS E. MITCHELL 525 VINE STREET OEN EAST FOURTH ST. 8TH FLOOR CINNCINNATI OH 45202 DO NOT WRITE IN THIS SPACE CINCINNATI OH 45202 3. Date Incorporated or Qualifed 12/12/1991 Applied For 2. Principal Place of Business 2a. Mailing Address C/O THOMAS E MISCHELL 4. FEI Number Not Applicable ONE EAST FOURTH STREET Suite, Apt. #, etc. 59-3084815 26 21 \$8,75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired 8TH FLOOR Fee Required 22 27 \$5.00 May Be City & State City & State **Election Campaign Financing** Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Intangible Zip X No Personal Property Tax. 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 WATSON, JOHN BERT 82 Street Address (P.O. Box Number is Not Acceptable) 774 S.R. 13 SUITE 11 83 MANDARIN FL 32259 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Addition XI Change □ DELETE 1.1 TITLE TITLE CHAPEL, M. STEVEN CHAPEL, STEVEN M 1.2 NAME NAME **525 VINE STREET** 1.3 STREET ADDRESS STREET ADDRESS CINCINNATI OH 45202 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition X] Change □ DELETE TITLE 2.1 TITLE 22 NAME ELLIS, WILLIAM C. NAME WLLIS, WILLIAM C 525 VINE ST 2.3 STREET ADDRESS STREET ADDRESS **CINCINNATI OH 45202** 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ▼ DELETE TITLE DVPT 3.1 TITLE NAME SAMPLES, W.R. 3.2 NAME 7340 CHERYL COURT 3.3 STREET ADDRESS STREET ADDRESS MOBILE AL 34 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME DAHMER, EDWARD C 4.3 STREET ADDRESS STREET ADDRESS 525 VINE ST CINCINNATI OH 45202 4.4 CITY-ST-ZIP CITY-ST-ZIP Change X Addition ☑ DELETE 5.1 TITLE TITLE 5.2 NAME

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 an attachment with an address, with all other like empowered. Block 12 or Block 13 if changed, of

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

HUGHES, LARRY W.

MOBILE AL 36606

CINCINNATI FO

2800 DAUPHIN STREET

MISCHELL, THOMAS E.

1 E 4TH ST 8TH FLOOR

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

Thomas E. Mischell Assistant Treasurer

GAYNOR, JR., WILLIAM T.

525 VINE STREET CINCINNATI, OH 45202

(513) 579-2171

X Change

45202

NΗ

\_\_\_ Addition

CR2E034