

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # V01774

1. Corporation Name

PURITY FINANCIAL CORP.

Principal Place of Business

525 VINE STREET
CINCINNATI OH 45202
US

Mailing Address

C/O THOMAS E. MITCHELL
ONE EAST FOURTH ST. 8TH FLOOR
CINCINNATI OH 45202

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1991

4. FEI Number

59-3084815

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address C/O THOMAS E. MITCHELL

21 Suite, Apt. #, etc.

26 ONE EAST FOURTH STREET

22 City & State

27 8TH FLOOR

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSON, JOHN BERT
774 S.R. 13
SUITE 11
MANDARIN FL 32259

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME DP
STREET ADDRESS CHAPEL, STEVEN M
CITY-ST-ZIP 525 VINE STREET
CINCINNATI OH 45202

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME CHAPEL, M. STEVEN

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME T
STREET ADDRESS WILLIS, WILLIAM C
CITY-ST-ZIP 525 VINE ST
CINCINNATI OH 45202

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME ELLIS, WILLIAM C.

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME DVPT
STREET ADDRESS SAMPLES, W.R.
CITY-ST-ZIP 7340 CHERYL COURT
MOBILE AL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME V
STREET ADDRESS DAHMER, EDWARD C
CITY-ST-ZIP 525 VINE ST
CINCINNATI OH 45202

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☒ DELETE

NAME DS
STREET ADDRESS HUGHES, LARRY W.
CITY-ST-ZIP 2800 DAUPHIN STREET
MOBILE AL 36606

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME AT
STREET ADDRESS MITCHELL, THOMAS E.
CITY-ST-ZIP 1 E 4TH ST 8TH FLOOR
CINCINNATI OH

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

OH 45202

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas E. Mitchell
Thomas E. Mitchell
Assistant Treasurer

4/30/99

(513) 579-2171

Date

Daytime Phone #

CR2E034 (11/98)