

FILE NOW: FILING FEE AFTER MAY 1 IS \$350.00

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V65080
1. Corporation Name
OHIO GROUP INC

FILED
97 JUL 29 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business <u>PO BOX 207</u> <u>MILFORD, OHIO</u> <u>45150</u>	Mailing Address <u>PO BOX 207</u> <u>MILFORD, OHIO</u> <u>4515</u>
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2. Principal Place of Business 21 <u>PO BOX 207</u> Suite, Apt. #, etc. 22 City & State 23 <u>MILFORD OHIO</u> Zip 24 <u>45150</u>	2a. Mailing Address 26 <u>PO BOX 207</u> Suite, Apt. #, etc. 27 City & State 28 <u>MILFORD OHIO</u> Zip 29 <u>45150</u> Country 30 <u>CLERMONT</u>
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3. Date Incorporated or Qualified <u>9-18-97</u>	3a. Date of Last Report
4. FEI Number <u>65-0363787</u>	Applied For 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
7. 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 <u>WILLIAM L. PRITCHARD</u> <u>PO BOX 207</u> <u>MILFORD, OHIO 45150</u>	10. Name and Address of New Registered Agent 81 Name <u>WILLIAM L. PRITCHARD</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>4697 RUE BELLE MER</u> 83 84 City <u>SANIBEL</u> FL 85 Zip Code <u>33957</u>
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Wm L Pritchard
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 <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <u>PRESIDENT</u> <u>ROGER C. PRITCHARD</u> <u>6005 CLAM BAYOU</u> <u>SANIBEL, FL. 33957</u>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <u>600002257046--3</u> <u>-08/04/97--01155--013</u> <u>***165.00</u> <u>***165.00</u>
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP <u>SEC. TREAS.</u> <u>WILLIAM L. PRITCHARD</u> <u>4697 RUE BELLE MER</u> <u>SANIBEL, FL 33957</u>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: Wm L Pritchard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)

②

*Letter
never received. 165⁰⁰*

OHIO GROUP INC.
P.O. BOX 207
MILFORD, OH 45150

Request taken by: mhodges
06-20-1997

The forms you recently requested from this office are:

(1) 201. Cor Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

*Dear Sirs: we did not receive the tax form so we
did not file. we did not realize we needed
to file until an attorney notified us at a
loan closing*

*Sincerely
Wm. Patterson*