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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L93439

1. Corporation Name

ranchr 	OAD CORPORATION, INC.						ļ					
Principal Place	of Business	Ma	illing Address						ID IBLI BIBLI 9 fl)	ille Bybyl fall	
3150 REPUBLIC BLVD N. #2 3150 REPUBLIC TOLEDO OH 43615 TOLEDO OH 436								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed				
							ļ	08/13/1990				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Apı	plied For	
21			26					34-1656732		No	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A	dditional	
22			27					5. Certificate of Status Desired		Fee Re	quired	Į
City & State			City & State					6. Election Campaign Financing		\$5.00	May Be	ĺ
23		28					1	Trust Fund Contribution	<u> </u>	Added to	o Fees	1
Zip	Country		Zip	Cou	ntry,	المناسبة المستحدث		-8This corporation owes the cum	ent year inte	angible		-
24	25	29		30				Personal Property Tax.	4	☐ Yes	□No	
	9. Name and Address of Curre	nt Regis	tered Agent		L.,	,		10. Name and Address of New R	egistered /	Agent		ł
					81	Name						
	ns, ralph L., esquire			82	Street Ac	idres	s (P.O. Box Number is Not Accepta	ble)		_	1	
2920 CARDINAL DRIVE						ou con ragan]
VER	D BEACH FL 32963											
						Oit.		85 Zip Co			`ade	ł
					84	City			FL	85 Zip C	Jode	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	a. Such change was au	itnonzec	I DV	the corpora	orporation'	ation submits this statement for the s board of directors. I hereby accep	purpose of other the appoir	changing its atment as req	registered gistered	
SIGNATURE	Signature, typed or printed name of registered age	int and title i	f apolicable. (NOTE:	Registered	Agen	nt signature reg	uired w	men reinstating)	DATE			١.
12.	OFFICERS AI			13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12	
TITLE	DPT		☐ DELETE	1,1 TI	πE				<u> </u>	☐ Change	☐ Addition	
NAME					1.2 NAME							
STREET ADDRESS	·				REET	ADDRESS						L
CITY-ST-ZIP	TOLEDO OH		1,4 CITY-ST									
TITLE	SV DELETE 2:11									Change	Addition	
NAME				2.2 N/	ME							
STREET ADDRESS	·			2351	2.3 STREET ADDRESS							
	TOLEDO OH		2.4 CITY-ST-ZIP									
CITY-ST-ZIP TITLE	DELETE 3.11								☐ Change	☐ Addition	1	
NAME					3.2 NAME							
}	· ·		4	3.3 STREET ADDRESS							ł	
STREET ADDRESS					3.3 STREET ADDRESS							1
CITY-ST-ZIP	34.0					21-ZIF	- ·			- Change	Addition	-
				4.2 N				-				
NAME.						T ADDDESS						
STREET ADDRESS					4.3 STREET ADDRESS 4.4 CITY-ST-ZIP							
CITY-ST-ZIP			☐ DELETE	4.4 CI		1-218				Change	Addition	1
TITLE				5.2 N/								
I NAME	1			0.2.10								

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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ranchroad Corporation

☐ DELETE

3/23/99

419-841-7077

Change

☐ Addition

Daytime Phone #