

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

1995 APR -6 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995  
FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 700647 (1)  
1. Corporation Name  
THE STORY, INC.

Principal Place of Business Mailing Address  
3080 HARRODSBURG RD SUITE 101 LEXINGTON KY  
3080 HARRODSBURG RD SUITE 101 LEXINGTON KY

2. Principal Place of Business 2a. Mailing Address  
21 870 Corporate Dr. 26 P.O. Box 3000  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 200 27  
City & State City & State  
23 Lexington, Ky. 40503 28 Lexington, Ky.  
Zip Country Zip Country  
24 40503 25 USA 29 40533 30 USA

3. Date Incorporated or Qualified 3a. Date of Last Report  
03/17/1960 03/15/1994  
4. FEI Number Applied For  
61-0670079 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
SHARPTON, A E  
111 A WEST TERRACE DRIVE  
PLANT CITY FL 33568  
10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                     |                                |
|----------------------------|--|---|--------------------------------|
| TITLE<br>P                 | PHILPOT, TIM<br>3080 HARRODSBURG RD., STE. 101<br>LEXINGTON KY | 1.1 TITLE<br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | Philpot, Tim                   |
| NAME                       |  | 1.2 NAME  | 870 Corporate Dr., Suite 200   |
| STREET ADDRESS             |  | 1.3 STREET ADDRESS  | Lexington, Ky. 40503           |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP   |                                |
| TITLE<br>VD                | SHARPTON, A E<br>111 A WEST TERR DR<br>PLANT CITY FL           | 2.1 TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                |
| NAME                       |  | 2.2 NAME  |                                |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS  |                                |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP   |                                |
| TITLE<br>D                 | PITMAN, ROBERT<br>2550 WALNUT HILL-CHLS RD<br>LEXINGTON KY     | 3.1 TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                |
| NAME                       |  | 3.2 NAME  |                                |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS  |                                |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP   |                                |
| TITLE<br>S                 | SWEET, W M<br>411 APPLE GROVE DR.<br>NICHOLASVILLE KY          | 4.1 TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                |
| NAME                       |  | 4.2 NAME  |                                |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS  |                                |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP   |                                |
| TITLE<br>D                 | PHILPOT, TIM<br>3080 HARRODSBURG RD., STE. 101<br>LEXINGTON KY | 5.1 TITLE<br>Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | Philpot, Tim                   |
| NAME                       |  | 5.2 NAME  | 870 Corporate Drive, Suite 200 |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS  | Lexington, Ky. 40503           |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP   |                                |
| TITLE                      |  | 6.1 TITLE<br>Change <input type="checkbox"/> Addition <input type="checkbox"/>            |                                |
| NAME                       |  | 6.2 NAME  | WMA                            |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS  | 4-6-95                         |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP   |                                |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet with an original.

SIGNATURE: Tim Philpot 3/28/95 606/223-0260  
SIGNATURE AND TYPE OR PRINT NAME OF REGISTERED AGENT OR DIRECTOR Date (Minimum 1 Year)