

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700647 (1)

1. Corporation Name
THE STORY, INC.



Principal Place of Business: 870 CORPORATE DR. STE. #200 LEXINGTON KY 40503 US
Mailing Address: P.O. BOX 3000 LEXINGTON KY 40533 US

3. Date Incorporated or Qualified: 03/17/1960
3a. Date of Last Report: 04/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 61-0670079	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

SHARPTON, A E
111 A WEST TERRACE DRIVE
PLANT CITY FL 33566

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PHILPOT, TIM <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILPOT, TIM	1.2 NAME	
STREET ADDRESS	870 CORPORATE DR. STE. #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40503	1.4 CITY-ST-ZIP	
TITLE	VD SHARPTON, A E <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPTON, A E	2.2 NAME	
STREET ADDRESS	111 A WEST TERR DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D PITMAN, ROBERT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, ROBERT	3.2 NAME	
STREET ADDRESS	2550 WALNUT HILL-CHLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	3.4 CITY-ST-ZIP	
TITLE	S SWEET, W M <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, W M	4.2 NAME	
STREET ADDRESS	411 APPLGROVE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICHOLASVILLE KY	4.4 CITY-ST-ZIP	
TITLE	D PHILPOT, TIM <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILPOT, TIM	5.2 NAME	
STREET ADDRESS	870 CORPORATE DR. STE. #200	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40533	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Tim Philpot* Date: Feb 11, 96 Daytime Phone #: 600-228-0260

CR2E037 (12/95)