

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
~~870 CORPORATE DR. STE. #200 LEXINGTON KY 40503 US~~
P.O. BOX 3000 LEXINGTON KY 40533-3000 US

2. Principal Place of Business 2a. Mailing Address
21 75 PAYTON RD. 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27
23 OWENTON, Ky 28
Zip Country Zip Country
24 40359 25 USA 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/17/1960 02/20/1996
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
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 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 LEXINGTON KY 40503	1.3 STREET ADDRESS	3475 LYON DR., #56 Lexington, Ky 40513
CITY-ST-ZIP	LEXINGTON KY 40503	1.4 CITY-ST-ZIP	Lexington, Ky 40513
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 PLANT CITY FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL	2.4 CITY-ST-ZIP	
TITLE	D PITMAN, ROBERT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITMAN, ROBERT	3.2 NAME	Resigned 12/96
STREET ADDRESS	2550 WALNUT HILL-CHLS RD LEXINGTON KY	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	3.4 CITY-ST-ZIP	
TITLE	S SWEET, W M <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEET, W M	4.2 NAME	Resigned 12/96
STREET ADDRESS	411 APPLGROVE DR. NICHOLASVILLE KY	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 LEXINGTON KY 40533	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40533	5.4 CITY-ST-ZIP	
TITLE	Secretary Barry Bertram <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY BERTRAM	6.2 NAME	
STREET ADDRESS	1505 PARKVIEW DR. CAMPBELLVILLE KY 42718	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELLVILLE KY 42718	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

CR2E037 (9/96)