


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 11 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F93000005635 (8)  
 1. Corporation Name  
**Prime Holdings of Florida, Inc.**

Principal Place of Business <b>691 Tekulve Road Batesville, IN 47006</b>	Mailing Address <b>Same</b>
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3. Date Incorporated or Qualified <b>12/13/93</b>	3a. Date of Last Report <b>6/17/96</b>
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2. Principal Place of Business 21 <b>3940 Olympic Boulevard</b>	2a. Mailing Address 26 <b>Same</b>
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4. FEI Number <b>35-1904569</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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22 <b>300</b>	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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23 <b>Erlanger, KY</b>	28 City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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24 <b>41018</b>	25 Country	29 Zip	30 Country
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**9. Name and Address of Current Registered Agent**

**C T Corporation System**  
**1200 South Pine Island Road**  
**Plantation, FL 33324**

**10. Name and Address of New Registered Agent**

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

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 reinstating) DATE \_\_\_\_\_

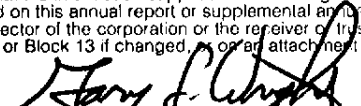
**12. OFFICERS AND DIRECTORS**

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	<b>Johnson, Thomas H.</b>	
STREET ADDRESS	<b>691 Tekulve Road</b>	
CITY-ST-ZIP	<b>Batesville, IN 47006</b>	
TITLE	V/S/T	<input checked="" type="checkbox"/> DELETE
NAME	<b>Gaarsoe, Bernhard L.</b>	
STREET ADDRESS	<b>691 Tekulve Road</b>	
CITY-ST-ZIP	<b>Batesville, IN 47006</b>	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	<b>Cutter, William B.</b>	
STREET ADDRESS	<b>691 Tekulve Road</b>	
CITY-ST-ZIP	<b>Batesville, IN 47006</b>	
TITLE	V/S	<input checked="" type="checkbox"/> DELETE
NAME	<b>Horn, Robert G.</b>	
STREET ADDRESS	<b>691 Tekulve Road</b>	
CITY-ST-ZIP	<b>Batesville, IN 47006</b>	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>Tidwell, Steven A.</b>	
STREET ADDRESS	<b>691 Tekulve Road</b>	
CITY-ST-ZIP	<b>Batesville, IN 47006</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Wright, Gary L.</b>	
1.3 STREET ADDRESS	<b>3940 Olympic Blvd., Suite 300</b>	
1.4 CITY-ST-ZIP	<b>Erlanger, KY 41018</b>	
2.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Cairns, Myles S.</b>	
2.3 STREET ADDRESS	<b>3940 Olympic Blvd., Suite 300</b>	
2.4 CITY-ST-ZIP	<b>Erlanger, KY 41018</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 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		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>800002213358</b>	
6.3 STREET ADDRESS	<b>-06/16/97--01146--013</b>	
6.4 CITY-ST-ZIP	<b>***165.00</b>	

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 an attachment with an address.

SIGNATURE:  **Gary L. Wright** 6/9/97 (606) 746-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)