FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G73531** **(7)**

1. Corporation Name
NTS/ORLANDO DEVELOPMENT COMPANY

Principal Place of Business	Mailing Address
10172 LINN STATION ROAD LOUISVILLE KY 40223-3887	10172 LINN STATION ROAD LOUISVILLE KY 40223-3887

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/13/1983**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **61-1047138** ☐ Applied For ☐ 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

✓ **ADAMS, GARY D**
UNIVERSITY BUSINESS CENTER
3300 UNIVERSITY BLVD., SUITE 150
WINTER PARK FL 32792

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE		☐ Change ☐ Addition
NAME	NICHOLS, J.D.	1.2 NAME		
STREET ADDRESS	10172 LINN STATION RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	RICHARD L. GOOD	2.2 NAME		
STREET ADDRESS	10172 LINN STATION RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP		
TITLE	SVP	3.1 TITLE	SVPT	☑ Change ☐ Addition
NAME	JAMES M. MULROONEY	3.2 NAME	HAMPTON, JOHN, W.	
STREET ADDRESS	10172 LINN STATION RD.	3.3 STREET ADDRESS	10172 LINN STATION RD.	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	Louisville, Ky.	
TITLE	T	4.1 TITLE	DELETE	☑ Change ☐ Addition
NAME	JAMES M. MULROONEY	4.2 NAME		
STREET ADDRESS	10172 LINN STATION RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP		
TITLE	SVP	5.1 TITLE	SVPS	☑ Change ☐ Addition
NAME	COMPTON, GREGORY A.	5.2 NAME		
STREET ADDRESS	10172 LINN STATION RD.	5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	SVP	☐ Change ☑ Addition
NAME		6.2 NAME	TEMPLETON, MARGARET O.	
STREET ADDRESS		6.3 STREET ADDRESS	5350 SHORELINE CIRCLE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LAKE FOREST, FL	

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)(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 on an attachment with an address.

SIGNATURE: X Greg A. Compton — 4/1/95 — (502) 426-4800
SIGNATURE AND TITLE OR PRINTED NAME OF MONING OFFICER OR DIRECTOR — Date — Daytime Phone #
GREG A. COMPTON, SR.VP/SECRETARY

0044428 CP