

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90446 025 ***150.00

60031336



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number
61-1047138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HEEKIN, JR., JAMES F.
215 N. EOLA DRIVE
ORLANDO, FL 32801

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD NICHOLS, J.D. 10172 LINN STATION RD. LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVIN, BRIAN F 10172 LINN STATION RD. LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT PITCHFORD, DAVID B. 10172 LINN STATION ROAD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS HOWARD, SUSAN M 10172 LINN STATION ROAD LOUISVILLE, KY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP WELLS, GREGORY A 10172 LINN STATION RD LOUISVILLE, KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Susan M. Howard, Vice Pres/Secretary

4/17/06 (502) 426-4800