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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P22243 (0)
1. Corporation Name
VAUGHN & MELTON CONSULTING ENGINEERS (KENTUCKY), INC.



Principal Place of Business: 109 S 24TH STREET, MIDDLEBORO KY 40965-1515 US
Mailing Address: P.O. BOX 1423, MIDDLESBORO KY 40965-3223 US

3. Date Incorporated or Qualified: 12/22/1988
3a. Date of Last Report: 03/05/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Sub, Apt, City, State, Zip, Country.
4. FEI Number: 61-0663508
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: CT CORPORATION SYSTEM, 1200 S. PINE ISLAND ROAD, PLANTATION FL 33324
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State, 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 officer 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 (Print name, typed or printed name of registered agent and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, KENNETH R.	1.2 NAME	
STREET ADDRESS	109 S. 24TH STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLESBORO KY	1.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER, JERRY A.	2.2 NAME	
STREET ADDRESS	109 S. 24TH STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLESBORO KY	2.4 CITY- ST- ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATWELL, DAVID A.	3.2 NAME	
STREET ADDRESS	109 S. 24TH STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLESBORO KY	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAUGHN, ROBERT W.	4.2 NAME	
STREET ADDRESS	109 S. 24TH STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLESBORO KY	4.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELTON, LEWIS N.	5.2 NAME	
STREET ADDRESS	109 S. 24TH STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIDDLESBORO KY	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 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: Kenneth R Adams Kenneth R Adams 3/13/97 606.248.6600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)