

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3: 38

DOCUMENT # **P39965** (9)

1. Corporation Name
HENRY VOGT MACHINE CO.

Principal Place of Business
**P.O. BOX 1918
LOUISVILLE KY 40201-1918**

Mailing Address
**P.O. BOX 1918
LOUISVILLE KY 40201-1918**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
06/22/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 61-0371750	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
21		26				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
22		27				
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23		28				
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		
24	25	29	30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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

Signature, typed or printed name of registered agent and title of registration

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chairman of Board/Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEUSER, HENRY V., JR.	1.2 NAME	Henry V. Heuser, Jr.
STREET ADDRESS	1000 W. ORMSBY AVE	1.3 STREET ADDRESS	1000 W. Ormsby Ave.
CITY - ST - ZIP	LOUISVILLE KY	1.4 CITY - ST - ZIP	Louisville, KY 40210-1810
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEGEL, LELAND D., JR	2.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE DAVID G.	3.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CULVER, MARGARET S.	4.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OYLER, W. KENT	5.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	President
STREET ADDRESS		6.3 STREET ADDRESS	Robert S. Campbell
CITY - ST - ZIP		6.4 CITY - ST - ZIP	1000 W. Ormsby Ave.
			Louisville, KY 40210-1810

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)(k), 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: *Margaret S. Culver* **Margaret S. Culver, Corporate Secretary** 3/23/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Division Office #

502/635-3233