

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED  
AND  
FILED**

SEP -11 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>PROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P39965 (9)**  
1. Corporation Name  
**HENRY VOGT MACHINE CO.**

Principal Place of Business <b>P.O. BOX 1918 LOUISVILLE KY 40201-1918</b>	Mailing Address <b>P.O. BOX 1918 LOUISVILLE KY 40201-1918</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country
<b>25</b>	<b>30</b>

<b>3.</b> Date Incorporated or Qualified <b>07/27/1992</b>	<b>3a.</b> Date of Last Report <b>04/13/1995</b>
<b>4.</b> FET Number <b>61-0371750</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

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

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

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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) and Date of Registered Agent signature required when more than one.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB	11 TITLE	
NAME	HEUSER, HENRY V., Jr.	12 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	13 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	
NAME	SCHLEGEL, LELAND D., Jr.	22 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	23 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	
NAME	WHITE DAVID G.	32 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	
NAME	CULVER, MARGARET S.	42 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	43 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	
NAME	OYLER, W. KENT	52 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	53 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	
NAME	CAMPBELL, ROBERT S.	62 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE.	63 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	64 CITY-ST-ZIP	

**400001949224**  
**-09/17/96--01110--006**  
**\*\*\*375.00 \*\*\*375.00**

*JP 9/12*

**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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address

**SIGNATURE:** *Margaret S. Culver* **Margaret S. Culver, Corporate Secretary 8/29/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
502/635-3233

CR2E034 (3/96)