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 APR 18 PM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **263795** **(7)**

1. Corporation Name
FASIG-TIPTON FLORIDA, INC.

Principal Place of Business	Mailing Address
2400 NEWTOWN PIKE P.O. BOX 13610 LEXINGTON KY 40583-0610	2400 NEWTOWN PIKE P.O. BOX 13610 LEXINGTON KY 40583-0610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/19/1962**
3a. Date of Last Report: **04/18/1994**

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: **59-0994198** ☐ 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

RUBIN, BAUM, LEVIN, CONSTANT, FRIEDMAN..
2500 SOUTHEAST FINANCIAL CENTER
ATTN: LARRY A. STUMF, ESQ
MIAMI FL 33131-9336

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	SVP	1.1 TITLE	☒ Change ☐ Addition
NAME	ENSOR, LAWRENCE E., JR	1.2 NAME	OFFICER DECEASED 1/15/95.
STREET ADDRESS	40 ELMONT RD	1.3 STREET ADDRESS	PLEASE DELETE.
CITY-ST-ZIP	ELMONT NY	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	☐ Change ☐ Addition
NAME	BROWNING JR, BOYD T	2.2 NAME	
STREET ADDRESS	2400 NEWTOWN PIKE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, WALTER S.	3.2 NAME	
STREET ADDRESS	2400 NEWTOWN PIKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	HETTINGER,JOHN	4.2 NAME	
STREET ADDRESS	RR #1 BOX 50	4.3 STREET ADDRESS	
CITY-ST-ZIP	PAWLING NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HILL IV, JAMES M	5.2 NAME	
STREET ADDRESS	2571 IRON WORKS PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	GEORGETOWN KY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	VAN CLIEF, JR. D	6.2 NAME	
STREET ADDRESS	2400 NEWTOWN PIKE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	6.4 CITY-ST-ZIP	

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: _____ 4-10-95 606-255-1555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478048 FP