

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 28 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 # 263795**

**(7)**

1. Corporation Name  
**FASIG-TIPTON FLORIDA, INC.**



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

Mailing Address  
**2400 NEWTOWN PIKE  
P.O. BOX 13610  
LEXINGTON KY 40583-3610**

3. Date Incorporated or Qualified <b>10/19/1962</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-0994198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>EVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWNING JR, BOYD T</b>	
STREET ADDRESS	<b>2400 NEWTOWN PIKE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTSON, WALTER S.</b>	
STREET ADDRESS	<b>2400 NEWTOWN PIKE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HETTINGER, JOHN</b>	
STREET ADDRESS	<b>RR #1 BOX 50</b>	
CITY-ST-ZIP	<b>PAWLING NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HILL IV, JAMES M</b>	
STREET ADDRESS	<b>2571 IRON WORKS PIKE</b>	
CITY-ST-ZIP	<b>GEORGETOWN KY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VAN CLIEF, JR. D</b>	
STREET ADDRESS	<b>2400 NEWTOWN PIKE</b>	
CITY-ST-ZIP	<b>LEXINGTON KY</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**1-28 JD**

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\*\*\*165.00**

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: Boyd T. Browning, Jr.** *[Signature]* **1/22/97** **606-255-1555**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)