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.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **269355** **(4)**

1. Corporation Name
THE HAMMET COMPANY, INC.

Principal Place of Business	Mailing Address
1501 BROADWAY STE 100 P.O. BOX 992 PADUCAH KY 42001	1501 BROADWAY STE 100 P.O. BOX 992 PADUCAH KY 42001

3. Date Incorporated or Qualified: **04/26/1963**
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 1025 Jefferson, Ste 1	26 1025 Jefferson, Ste 1
Suite, Apt #, etc. 22 P.O. Box 992	Suite, Apt #, etc. 27 P.O. Box 992
City & State 23 Paducah, Ky 42002-0992	City & State 28 Paducah, Ky 42002-0992
Zip / Country 24 42002-0992 25	Zip / Country 29 42002-0992 30

4. FEI Number: **59-1003217** ☐ 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	10. Name and Address of New Registered Agent
SMITH, CRIT 1530 METROPOLITAN BLVD. TALLAHASSEE FL 32308	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 the registered agent and title, if applicable (NOTE: If a corporate Agent, signature required when executing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	HAMMET, PATRICK		12 NAME		
STREET ADDRESS	1501 BROADWAY STE 100		13 STREET ADDRESS	1025 Jefferson, Ste 1	
CITY-ST-ZIP	PADUCAH KY		14 CITY-ST-ZIP		
TITLE	D	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	HAMMET, LOIS N		22 NAME		
STREET ADDRESS	1501 BROADWAY STE 100		23 STREET ADDRESS	1025 Jefferson, Ste 1	
CITY-ST-ZIP	PADUCAH KY		24 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	31 TITLE		XX Change ☐ Addition
NAME	HAMMET, L B		32 NAME		
STREET ADDRESS	1501 BROADWAY STE 100		33 STREET ADDRESS	1025 Jefferson, Ste 1	
CITY-ST-ZIP	PADUCAH KY		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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 if changed, or on an attachment with an address.

SIGNATURE: ✓ R M Hammet — 7/10/96 — 502-444-7241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
L. B. Hammet