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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 25 AM 10:37

DOCUMENT # **295971** **(6)**

1. Corporation Name
CLAIRSON INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
720 S.W. 17TH STREET OCALA FL 32674 US	100 E. LIBERTY ST. SUITE 500 LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/19/1965**
3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26: **101 South Fifth Street**
4. FEI Number: **59-1148072** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27: **Suite 2300**
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23:
City & State — 28: **Louisville, KY**
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24:
Country — 25:
Zip — 29: **40202**
Country — 30: **US**
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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	V	11 TITLE		☐ Change ☐ Addition
NAME	ROSS-KILKELLY, CLO	12 NAME		
STREET ADDRESS	720 SW 17 ST	13 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	14 CITY ST ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	CLEMENTS, ROB	22 NAME		
STREET ADDRESS	720 SW 17 ST	23 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL	24 CITY ST ZIP		
TITLE	DT	31 TITLE		☒ Change ☐ Addition
NAME	KIRTLEY, OLIVIA F.	32 NAME		
STREET ADDRESS	100 EAST LIBERTY STREET	33 STREET ADDRESS	101 South Fifth Street, Suite 2300	
CITY ST ZIP	LOUISVILLE KY	34 CITY ST ZIP		
TITLE	DV	41 TITLE		☒ Change ☐ Addition
NAME	SHEA, TIMOTHY T.	42 NAME		
STREET ADDRESS	100 EAST LIBERTY STREET	43 STREET ADDRESS	101 South Fifth Street, Suite 2300	
CITY ST ZIP	LOUISVILLE KY	44 CITY ST ZIP		
TITLE	DS	51 TITLE		☒ Change ☐ Addition
NAME	HAGAN, JULIA P.	52 NAME		
STREET ADDRESS	100 E. LIBERTY ST.	53 STREET ADDRESS	101 South Fifth Street, Suite 2300	
CITY ST ZIP	LOUISVILLE KY	54 CITY ST ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	~~BUTTS; DAVID~~	62 NAME		
STREET ADDRESS	~~720 SW 17 ST~~	63 STREET ADDRESS		
CITY ST ZIP	~~OCALA FL~~	64 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)(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: Julia P. Hagan — Julia P Hagan — 5/18/95 — 502 625-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478111 FP

29591

ADDITIONAL OFFICERS:

V
Moss, David
720 South West 17th Street
Ocala, Florida 32674

Assistant S
Shore, Karen M.
101 South Fifth Street, Suite 2300
Louisville, Kentucky 40202

Assistant T
Landis, David S.
101 South Fifth Street, Suite 2300
Louisville, Kentucky 40202