FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
98 JUN -5 PM 2:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. Corporation Name
CLAIRSON INTERNATIONAL CORPORATION

Principal Place of Business	Mailing Address
720 S.W. 17TH STREET OCALA FL 32674 US	101 S FIFTH ST SUITE 2300 LOUISVILLE KY 40202 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/19/1965

2. Principal Place of Business	2a. Mailing Address
21 650 SW 27th Ave	26 PO Box 4400
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ocala FL	City & State 28 Ocala FL
Zip 24 34474 Country 25 USA	Zip 29 34478-4400 Country 30 USA

4. FEI Number: 59-1148072 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☑ DELETE	1.1 TITLE	VP	☐ Change ☑ Addition
NAME	ROSS-KILKELLY, CLO		1.2 NAME	Ernie Lovelady	
STREET ADDRESS	720 SW 17 ST		1.3 STREET ADDRESS	8000 W Florissant	
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	St Louis, MO 63136-8506	
TITLE	P	☐ DELETE	2.1 TITLE	T	☐ Change ☑ Addition
NAME	CLEMENTS, ROB		2.2 NAME	Frank Delaquila	
STREET ADDRESS	~~720 SW 17 ST~~ 650 SW 27th Ave		2.3 STREET ADDRESS	8000 W Florissant	
CITY-ST-ZIP	OCALA FL 34474		2.4 CITY-ST-ZIP	St Louis, MO 63136-8506	
TITLE	DT	☑ DELETE	3.1 TITLE	S	☐ Change ☑ Addition
NAME	KIRTLEY, OLIVIA F.		3.2 NAME	H.M. Smith	
STREET ADDRESS	101 S FIFTH ST STE 2300		3.3 STREET ADDRESS	8000 W Florissant	
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP	St Louis MO 63136-8506	
TITLE	DV	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	SHEA, TIMOTHY T.		4.2 NAME	C.T. Bauer	
STREET ADDRESS	101 S FIFTH ST STE2300		4.3 STREET ADDRESS	8000 W Florissant	
CITY-ST-ZIP	LOUISVILLE KY		4.4 CITY-ST-ZIP	St Louis MO 63136-8506	
TITLE	DS	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAGAN, JULIA P.		5.2 NAME	600002552876--5	
STREET ADDRESS	101 S FIFITH ST STE 2300		5.3 STREET ADDRESS	-06/09/98--01067--004	
CITY-ST-ZIP	LOUISVILLE KY		5.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE	V	☑ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, KEN		6.2 NAME		
STREET ADDRESS	720 SW 17 ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: _____ 6/4/98 (352) 401-6331