

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **700647** (1)

1. Corporation Name
THE STORY, INC.



Principal Place of Business
**870 CORPORATE DR.
STE. #200
LEXINGTON KY 40503
US**

Mailing Address
**P.O. BOX 3000
LEXINGTON KY 40533
US**

3. Date Incorporated or Qualified **03/17/1960** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 61-0670079		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**SHARPTON, A E
111 A WEST TERRACE DRIVE
PLANT CITY FL 33566**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	PHILPOT, TIM	
STREET ADDRESS	870 CORPORATE DR. STE. #200	
CITY - ST - ZIP	LEXINGTON KY 40503	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHARPTON, A E	
STREET ADDRESS	111 A WEST TERR DR	
CITY - ST - ZIP	PLANT CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PITMAN, ROBERT	
STREET ADDRESS	2550 WALNUT HILL-CHLS RD	
CITY - ST - ZIP	LEXINGTON KY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SWEET, W M	
STREET ADDRESS	411 APPLEGROVE DR.	
CITY - ST - ZIP	NICHOLASVILLE KY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILPOT, TIM	
STREET ADDRESS	870 CORPORATE DR. STE. #200	
CITY - ST - ZIP	LEXINGTON KY 40533	
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	

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:

Tim Philpot

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 96 **600-228-0260**

Date

Daytime Phone #

CR2E037 (12/95)