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Jul 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 40533-3000 US
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3. Date Incorporated or Qualified 03/17/1960	3a. Date of Last Report 02/20/1996
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2. Principal Place of Business 21 75 PAYTON RD.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 OWENTON, Ky	City & State 28
Zip 24 40359	Country 25 USA
Country 29	Country 30

4. FEI Number 61-0670079	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SHARPTON, A E
111 A WEST TERRACE DRIVE
PLANT CITY FL 33568**

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 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 _____ (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 checked="" type="checkbox"/> DELETE
NAME	PITMAN, ROBERT	
STREET ADDRESS	2550 WALNUT HILL-CHLS RD	
CITY-ST-ZIP	LEXINGTON KY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SWEET, W M	
STREET ADDRESS	411 APLEGROVE 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	Secretary	<input type="checkbox"/> DELETE
NAME	Berry Bertram	
STREET ADDRESS	1505 PARKVIEW DR.	
CITY-ST-ZIP	Campbellsville, Ky. 42718	

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	3475 LYON DR., #56
1.4 CITY-ST-ZIP	Lexington, Ky 40513
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	Resigned 12/96
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Resigned 12/96
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed or on an attachment with an address.

CR2E037 (9/96)