FILE NOW: FILING FEE IS \$61.25						FILED			
	NPROFIT				-	May 19	199	8 8:	00an
ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS		Secretary of State				
DOCUI 1. Corporation	MENT # 7006	47	(1)						
THE ST	For y, Inc.								
Principal Place	e of Business	Mai	ling Address						HOU THEN OUT
5 PAYTON RD WENTON KY 40359 S		P.O. BOX 3000 Lexington ky 40533 US			3. Date Incorporated or Qualified 03/17/1960				
						4. FEI Number 61-0670079			pplied For ot Applicable
1	ace of Business	26	Mailing Address			5. Certificate of Status Desired			Additionat equired
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
City & State	3		City & State			7. Is this nonprofit corporation a	homeowners		
Zip	Country		Zip	Cou	ntry	8. This corporation owes or has I	paid the ourre	ent year in	-
4	25 9. Name and Address of Cu	29 rrent Registe	red Agent	30		Personal Property Tax due Jur 10. Name and Address of New F			No
*****					81 Name				
SHARPT	on,a e /est terrace drive				82 Street Add	iress (P.O. Box Number is Not Accept	able)		
						······································			
	CITY FL 33566				83				
	CITY FL 33566			i	83 84 City		FL	85 Z ip	Code
PLANT C	to the provisions of Sections 617.	tate of Florida	 Such change was 	authorized	84 City	poration submits this statement for the tion's board of directors. I hereby acc	FL purpose of ept the appo	changing i	ts registered
PLANT C 11. Pursuant t office or re agent. I ar	to the provisions of Sections 617.	tate of Florida	 Such change was 	authorized	84 City	poration submits this statement for the tion's board of directors. I hereby acc	purpose of	changing i	ts registered
PLANT C 11. Pursuant t office or re agent. I ar SIGNATURE	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signiture, typed or printed name of registered	tate of Florida bligations of, d egent and title #	a. Such change was Section 617.0503, F applicable. (NC	authorize Iorida Stat	84 City	ition's board of directors. I hereby acc	DATE	changing i intment as	ts registered s registered
PLANT C 11. Pursuant t office or re agent. I ar SIGNATURE _ 12.	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signature, typed or printed name of registere OFFICERS	tate of Florida bligations of,	a. Such change was Section 617.0503, F applicable. (NC	euthorize Iorida Stat	84 City pove-named cor d by the corpora utes.	ition's board of directors. I hereby acc	DATE	changing i intment as	ts registered s registered
PLANT C office or re agent. 1 ar SIGNATURE 12 TITLE NAME	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signature, typed or printed name of registered OFFICERS PD PHILPOT, TIM	tate of Florida bligations of, d egent and title #	a. Such change was Section 617.0503, F applicable. (NC ORS	authorized Iorida Stat TE: Registered 13. 1.1 Ti 1.2 N/	84 City Dove-named corpora utes. I Agent signature required ILE IME	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR	its registered registered RS IN 12
PLANT C office or re agent. I ar SIGNATURE 12. TITLE NAME STREET ADDRESS	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registere OFFICERS PD PHILPOT, TIM 3475 LYON DR #56	tate of Florida bligations of, d egent and title #	a. Such change was Section 617.0503, F applicable. (NC ORS	euthorize Iorida Stat <u>NTE: Registere</u> 13. 1.1 Ti 1.2 N/ 1.3 Si	84 City Dove-named corpora utes. I Agent signature required	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR	its registered registered RS IN 12
PLANT C office or re agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registered OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D	tate of Florida bligations of, d egent and title #	a. Such change was Section 617.0503, F applicable. (NC ORS	euthorize Iorida Stat <u>NTE: Registere</u> 13. 1.1 Ti 1.2 N/ 1.3 Si	84 City Dove-named corpora utes. I Agent signature required ILE IME REET ADDRESS IY- ST- ZIP	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR	ts registered s registered
PLANT C office or re agent. 1 ar SIGNATURE _ 12. 11. NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol Signature, typed or printed name of registered OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize Iorida Stat YTE: Registere 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/	84 City Dove-named corr d by the corpora utes. 1 Agent signature required I	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR Change	Its registered pregistered RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signature, typed or printed name of registere OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize Iorida Stat <u>YE: Registere</u> 13. 1.1 Ti 1.2 N/ 1.3 Si <u>1.4 Ci</u> 2.1 Ti 2.2 N/ 2.3 Si	84 City Dove-named corr d by the corpora utes. 1 Agent signature requi- TILE INE REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR Change	Its registered pregistered RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signiture. typed or printed name of registered OFFICERS PD PHILPOT, TIM 3475 LYON DR #58 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize Iorida Stat <u>YE: Registere</u> 13. 1.1 Ti 1.2 N/ 1.3 Si <u>1.4 Ci</u> 2.1 Ti 2.2 N/ 2.3 Si	84 City Dove-named corr d by the corpora utes. 1 Agent signature required ILE ME REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP	ition's board of directors. I hereby acc	DATE	changing i intment as DIRECTOR Change	Its registered pregistered RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of Signiture. typed or printed name of registered OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize- ilorida Stat TE: Registere 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Tr 3.2 N/	84 City Dove-named corr d by the corpora utes. 1 Agent signature required ILE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	ition's board of directors. I hereby acc	DATE	DIRECTO Change	RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize- ilorida Stat TE: Registerer 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Tr 3.2 N/ 3.3 St	84 City Dove-named corr d by the corpora utes. 1 Agent signature requires. 14 Agent signatu	ition's board of directors. I hereby acc	DATE	DIRECTO Change	RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the of OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D	tate of Florida bligations of, d egent and title #	applicable. (NC ORS DELETE	euthorize- ilorida Stat TE: Registerer 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Tr 3.2 N/ 3.3 St	84 City Dove-named corr d by the corpora utes. 1 Agent signature required ILE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP LE ME REET ADDRESS ITY-ST-ZIP	ition's board of directors. I hereby acc	DATE	DIRECTO Change	RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE	authorize- ilorida Stat 715: Registere 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Tr 3.2 N/ 3.3 St 3.4 C 4.1 Ti 4.2 N	84 City Doove-named corr d by the corpora utes. 1 Agent signature requires. 1 Agent signature requ	ition's board of directors. I hereby acc	DATE	Changen di Change	RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE	authorize- ilorida Stat 715: Registerer 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Ti 3.2 N/ 3.3 St 3.4 C 4.1 Ti 4.2 N 4.3 St	84 City Doove-named corr d by the corpora 14 gent signature requires. 14 gent signature requires.	ition's board of directors. I hereby acc	DATE	Changen di Change	RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE	authorize- ilorida Stat 715: Registerer 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 C 3.1 Ti 3.2 N/ 3.3 St 3.4 C 4.1 Ti 4.2 N 4.3 St	84 City Dove-named corr d by the corpora 1 Agent signature requires. 1	ition's board of directors. I hereby acc	DATE	Changen di Change	RS IN 12 Addition
PLANT C office or re agent. I ar SIGNATURE _ III. SIGNATURE _ III. SIGNATURE _ III. STREET ADDRESS CITY-ST-ZIP III.E STREET ADDRESS CITY-ST-ZIP III.E STREET ADDRESS CITY-ST-ZIP III.E STREET ADDRESS CITY-ST-ZIP III.E STREET ADDRESS CITY-ST-ZIP III.E STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE DELETE	authorize- ilorida Stat 715: Registere 13. 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 Ci 3.1 Ti 3.2 N/ 3.3 St 3.4 Ci 4.1 Ti 4.2 N 4.3 St 4.4 Ci 5.1 Ti 5.2 N/	84 City Doove-named corr d by the corpora 14 gent signature requires. 14 gent signature requires.	ition's board of directors. I hereby acc	DATE	Change	Its registered registered RS IN 12 Addition
PLANT C office or re agent. I ar SIGNATURE _ 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE DELETE	authorize- ilorida Stat 715: Registere 13. 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 Ci 3.1 Ti 3.2 N/ 3.3 St 3.4 Ci 4.1 Ti 4.2 N 4.3 St 4.4 Ci 5.1 Ti 5.2 N/ 5.3 St	84 City Dove-named corporation Corporation 1 Agent signature requires. International corporation 1 Agent signature requires. International corporation 1 Agent signature requires. International corporation ILE International corporation ME International corporation ILE International corporation ME International corporation ITY-ST-ZIP International corporation ILE International corporation ME International corporation REET ADDRESS International corporation IV-ST-ZIP International corporation ILE International corporation ME International corporation REET ADDRESS International corporation IV-ST-ZIP International corporation ILE International corporation ME International corporation REET ADDRESS International corporation	ition's board of directors. I hereby acc	DATE	Change	Its registered registered RS IN 12 Addition
PLANT C	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable. (NC ORS DELETE DELETE	authorize- ilorida Stat 715: Registere 13. 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 Ci 3.1 Ti 3.2 N/ 3.3 St 3.4 Ci 4.1 Ti 4.2 N 4.3 St 4.4 Ci 5.1 Ti 5.2 N/ 5.3 St	84 City Doove-named correlation door d by the corporative requires. door 1 Agent signature requires. door 1 Agent signature. door	ition's board of directors. I hereby acc	DATE	Change	Its registered registered RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable CORS DELETE DEL	authorize- ilorida Stat 715: Registere 13. 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 2.4 Ci 3.1 Ti 3.2 N/ 3.3 St 3.4 Ci 4.1 Ti 4.2 N 4.3 St 4.4 Ci 5.1 Ti 5.2 N/ 5.3 St 5.4 Ci 6.1 Ti 6.2 N/2	84 City Dove-named corr d by the corpora utes. 1 Agent signature requi- ILE ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE AME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE ME REET ADDRESS ITY-ST-ZIP ILE ME	ition's board of directors. I hereby acc	DATE	Change Change Change Change Change Change	Its registered registered RS IN 12 Addition
PLANT C office or re agent. 1 ar SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	to the provisions of Sections 617. egistered agent, or both, in the S m familiar with, and accept the ol OFFICERS PD PHILPOT, TIM 3475 LYON DR #56 LEXINGTON KY D SHARPTON, A E 111 A WEST TERR DR PLANT CITY FL SD BERTRAM, BARRY 1505 PARKVIEW DR CAMPBELSVILLE KY D PHILPOT, TIM 670 CORPORATE DR. STE	tate of Florida bligations of, : a egent and Ikle # AND DIRECT	applicable CORS DELETE DEL	authorize- ilorida Stat 715: Registere 13. 13. 1.1 Ti 1.2 N/ 1.3 St 1.4 Ci 2.1 Ti 2.2 N/ 2.3 St 3.4 C 4.1 Ti 4.2 N/ 4.3 St 4.4 Ci 5.1 Ti 5.2 N/ 5.3 St 5.4 Cr 6.3 ST	84 City Doove-named correlation City Dove-named correlation City Ite Me Me Me Reet Address ITY-ST-ZiP Ite Me Ite Me Reet Address ITY-ST-ZiP Ite Me	ition's board of directors. I hereby acc	DATE	Change Change Change Change Change Change	Its registered registered RS IN 12 Addition

1. . . .

1

101