

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 807245

1. Corporation Name
ASHLAND INC.

Principal Place of Business

**ASHLAND DR.
RUSSELL KY 41169**

Mailing Address

**ASHLAND DR.
RUSSELL KY 41169**

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90091 025 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1947

4. FEI Number

61-0122250

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE, FL FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**C
CHELLGREN, PAUL W.
121 STONEYBROOK DRIVE
ASHLAND KY**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**AS
ELLIS, CHAS. D. (ASST.)
1201 MEDELLIN COURT
LEXINGTON KY**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BLANTON, JACK S.
3390 INMAN DRIVE
HOUSTON TX**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BOLGER, THOMAS E.
4301 GULF SHORE BLVD. N.
NAPLES FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
FEAZELL, THOMAS L
902 EDGEWOOD AVE
ASHLAND KY**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VP
QUIN, J. MARVIN
117 STONEYBROOKE DRIVE
ASHLAND KY**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

AS

**Jones, Richard A.
113 Vanderbilt Dr.
Lexington KY 40517**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D

**Rose, Michael D.
1267 E. Massey Rd.
Memphis TN 38119**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

D

**Rouse, William L. Jr.
645 Raintree Rd
Lexington KY 40502**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Jones

2-3-99

Date

(606) 357-27484

Daytime Phone #

CR2E034 (11/98)