FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 10: 33

DOCUMENT # 818545 (6)

1. Corporation Name
BRIGHTON ENGINEERING COMPANY

Principal Place of Business	Mailing Address
201 BRIGHTON PARK BLVD. FRANKFORT KENTUCKY 40601	201 BRIGHTON PARK BLVD. FRANKFORT KENTUCKY 40601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1965
3a. Date of Last Report: 05/12/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 61-0468238 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip (24) / Country (25) / Zip (29) / Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LITSCHGI,BYRNE
2200 FIRST FINANCIAL TOWER
TAMPA FL 33600

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P/D	XX Change ☐ Addition
NAME	MOECK,L PAUL	1.2 NAME		
STREET ADDRESS	40 SPENDTHRIFT	1.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKFORT KY	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D/C	XX Change ☐ Addition
NAME	MAY,WILLIAM S	2.2 NAME		
STREET ADDRESS	401 COUNTRY LANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FRANKFORT KY	2.4 CITY-ST-ZIP		
TITLE	TDS	3.1 TITLE	S/T/D	XX Change ☐ Addition
NAME	PATTERSON, MARGARET M.	3.2 NAME	May, Karen G.	
STREET ADDRESS	407 COUNTRY LANE	3.3 STREET ADDRESS	401 Country Lane	
CITY-ST-ZIP	FRANKFORT KY	3.4 CITY-ST-ZIP	Frankfort, KY 40601	
TITLE		4.1 TITLE	D	☐ Change XX Addition
NAME		4.2 NAME	Johnson, William G. Jr.	
STREET ADDRESS		4.3 STREET ADDRESS	328 Farmbrook Circle	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Frankfort, KY 40601	
TITLE		5.1 TITLE	D	☐ Change XX Addition
NAME		5.2 NAME	Duke, Gordon C.	
STREET ADDRESS		5.3 STREET ADDRESS	104 South Creek	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Frankfort, KY 40601	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: L. Paul Moeck 1/12/95 (502) 695-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040070 FN