

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # 831820
1. Corporation Name

The Corradino Group, P.S.C.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 200 S. Fifth Street Suite 300 North Louisville, Kentucky 40202 | 200 S. Fifth St. Suite 300 North Louisville, Ky. 40202 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/12/74 | 3a. Date of Last Report 5/1/94 |
| 4. FEI Number 61-0713040 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" 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. 198.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 24. City | 25. Country |
| 29. City | 30. Country |

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, Fl. 33324

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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 agent 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 _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: | |
|----------------------------|---------------------------------------|--|---|
| 11. TITLE | V | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | P. R. Holland | 12. NAME | |
| 13. STREET ADDRESS | 1611 Spring Dr. Louisville, Ky. 40205 | 13. STREET ADDRESS | |
| 14. CITY, ST. ZIP | | 14. CITY, ST. ZIP | |
| 15. TITLE | V | 15. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16. NAME | D. A. Ripple | 16. NAME | |
| 17. STREET ADDRESS | 9413 Walhampton Drive | 17. STREET ADDRESS | |
| 18. CITY, ST. ZIP | Louisville, Ky. 402 | 18. CITY, ST. ZIP | |
| 19. TITLE | P/D/T/S | 19. TITLE | |
| 20. NAME | J. C. Corradino | 20. NAME | |
| 21. STREET ADDRESS | 1505 Sylvan Ct., Lou. Ky. 40205 | 21. STREET ADDRESS | |
| 22. CITY, ST. ZIP | | 22. CITY, ST. ZIP | |
| 23. TITLE | V | 23. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24. NAME | K.D. Kaltenbach | 24. NAME | |
| 25. STREET ADDRESS | 4201 Windy Oaks Road | 25. STREET ADDRESS | |
| 26. CITY, ST. ZIP | Louisville, Ky. | 26. CITY, ST. ZIP | |
| 27. TITLE | V | 27. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28. NAME | T. A. Pullen | 28. NAME | |
| 29. STREET ADDRESS | 2524 Glenmary Ave. Lou., Ky. 40204 | 29. STREET ADDRESS | |
| 30. CITY, ST. ZIP | | 30. CITY, ST. ZIP | |
| 31. TITLE | V | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | J.E. Jordan | 32. NAME | |
| 33. STREET ADDRESS | 1222 Mosswood Ct. Jeffersonville, In. | 33. STREET ADDRESS | |
| 34. CITY, ST. ZIP | | 34. CITY, ST. ZIP | |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information indicated on this annual report is 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 officer or director empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 12 or Block 13 of change or on an addition with an address.

SIGNATURE: _____ **Joseph C. Corradino** 4/14/95 502-587-7221

SIGNATURE AND TITLE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

5/1/95 rust