**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

**APPROVED AND FILED**
95 APR 19 AM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **832477** **(4)**

1. Corporation Name
**WHITEHOUSE, IRVIN H. & SONS COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 4800 JENNINGS LANE<br>P O BOX 32670<br>LOUISVILLE KY 40232 | 4800 JENNINGS LANE<br>P O BOX 32670<br>LOUISVILLE KY 40232 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1974**
3a. Date of Last Report: **02/22/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **61-0433220** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

91 Name
92 Street Address (P.O. Box Number Is Not Acceptable)
93
94 City **FL** 95 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 | D | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KNOECHELMAN, DANIEL | 1.2 NAME | | |
| STREET ADDRESS | 5007 MARJURIE DRIVE | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 1.4 CITY-ST-ZIP | | |
| TITLE | STD | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | DULLAGHAN, TIMOTHY D | 2.2 NAME | | |
| STREET ADDRESS | 14208 OAK BRANCH COURT | 2.3 STREET ADDRESS | 2213 Gerald Court Apt #3 | |
| CITY-ST-ZIP | LOUISVILLE KY | 2.4 CITY-ST-ZIP | Louisville, KY 40218 | |
| TITLE | CPD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WHITEHOUSE, ROBERT L. | 3.2 NAME | | |
| STREET ADDRESS | 1319 LEIGHTON CIRCLE | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 3.4 CITY-ST-ZIP | | |
| TITLE | VPD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WHITEHOUSE, ALBERT IRVIN | 4.2 NAME | | |
| STREET ADDRESS | 8902 LAKERIDGE DRIVE | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 4.4 CITY-ST-ZIP | | |
| TITLE | D | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | TACHAU, ERIC | 5.2 NAME | | |
| STREET ADDRESS | 3710 FAIRWAY LANE | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 5.4 CITY-ST-ZIP | | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | WHITEHOUSE, DONNA | 6.2 NAME | | |
| STREET ADDRESS | 1319 LEIGHTON CIRCLE | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE KY | 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 hereinabove, or on an attachment with an address.

**SIGNATURE:** Timothy C. Dullaghan 3/3/95 (502)966-4176
TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice President/Sec/Treas

084416 CP