

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90116 035 ***150.00

DOCUMENT # 832477

1. Corporation Name

WHITEHOUSE, IRVIN H. & SONS COMPANY

Principal Place of Business

4600 JENNINGS LANE
P O BOX 32670
LOUISVILLE KY 40232

Mailing Address

P.O. BOX 32670
LOUISVILLE KY 40232
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/06/1974

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

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

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

TITLE CPD ☐ DELETE

NAME CARPENTER, ALFRED K
STREET ADDRESS 2300 WATERFRONT PLAZA
CITY-ST-ZIP LOUISVILLE KY

TITLE ST ☐ DELETE

NAME CHAMBERLAIN, SUSAN A
STREET ADDRESS 208 S. MADISON AVE
CITY-ST-ZIP MIDDLETOWN KY 40243

TITLE D ☐ DELETE

NAME ULLUN, STEPHEN J
STREET ADDRESS 7 THEATER SQUARE
CITY-ST-ZIP LOUISVILLE KY 40202

TITLE D ☐ DELETE

NAME COWLEY, HAROLD E
STREET ADDRESS 212 MULBERRY STREET
CITY-ST-ZIP ELIZABETHTOWN KY

TITLE D ☐ DELETE

NAME MILLER, DONALD
STREET ADDRESS 120 E. WATERLOO STREET
CITY-ST-ZIP CANAL WINCHESTER OH

TITLE D ☐ DELETE

NAME JONES, ROBERT
STREET ADDRESS 5407 NAVAJO RD
CITY-ST-ZIP LOUISVILLE KY 40243

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: Susan A. Chamberlain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99

(502) 966-4176

Date

Daytime Phone #

CR2E034 (11/98)