

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836627 (0)
1. Corporation Name
BREAUX BALLARD COMPANY



Principal Place of Business Mailing Address
5703 APACHE RD
LOUISVILLE KY 40207
US 5703 APACHE RD
LOUISVILLE KY 40207
US

3. Date Incorporated or Qual Fed 07/02/1976 3a. Date of Last Report 01/23/1995
4. FEI Number 61-0412460 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 has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

MITCHELL, STEVE B
NORTHERN TRUST BANK OF FLORIDA, NA
4001 TAMiami TRAIL N
NAPLES FL 33940

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 of Registered Agent (if applicable) (Print Name of Registered Agent and Signature of Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD
NAME BALLARD, G.B. III
STREET ADDRESS 5703 APACHE ROAD
CITY- ST- ZIP LOUISVILLE KY
TITLE SD
NAME ROGERS, JOHN F
STREET ADDRESS 100 E LIBERTY ST, STE 400
CITY- ST- ZIP LOUISVILLE KY
TITLE
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CITY- ST- ZIP
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STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: G. Breaux Ballard, Pres. G. Breaux Ballard, 6/11/96 502-581-4366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)