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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:10

DOCUMENT # **837683** **(2)**

1. Corporation Name
MID-CENTRAL INVESTMENT CO., INC.

Principal Place of Business	Mailing Address
300 WEST VINE ST KINCAID TOWERS LEXINGTON KY 40507	300 WEST VINE ST KINCAID TOWERS LEXINGTON KY 40507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1977	3a. Date of Last Report: 04/29/1994
4. FEI Number: 61-0661522	☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILLIAMS, TIMOTHY M
700 S BABCOCK STREET
SUITE 400
MELBOURNE FL 32902

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 the date signed) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDST	11 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, ENOCH G	12 NAME	
STREET ADDRESS	300 WEST VINE STREET	13 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40507	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	HUDSON, JOSEPH D	22 NAME	
STREET ADDRESS	300 WEST VINE STREET	23 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40507	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCINTOSH, BUFORD C	32 NAME	
STREET ADDRESS	300 WEST VINE STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40507	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	MATTSCHECK, ROBERT G	42 NAME	
STREET ADDRESS	300 WEST VINE STREET	43 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40507	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ASHER, DAVID	52 NAME	
STREET ADDRESS	300 WEST VINE STREET	53 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40507	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)(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 added above.

SIGNATURE: Joseph D. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/95
Date

606/253-5383
Daytime Phone #

0476107 FP