

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morrissey
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

95 MAY -1 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # 841667 (9)**
1. Corporation Name
MORTGAGE & INVESTMENT COMPANY OF PADUCAHPrincipal Place of Business Mailing Address
1324 JEFFERSON STREET 1324 JEFFERSON STREET
PADUCAH KY 42001 PADUCAH KY 42001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/20/1978** 3a. Date of Last Report **03/30/1994**4. FEI Number **61-0663727** Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution ☐ Added to Fees8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No2. Principal Place of Business
21 934 Broadway
Suite, Apt. #, etc.2a. Mailing Address
26 P.O. Box 7445
Suite, Apt. #, etc.
27 934 Broadway**22**
City & State
23 Paducah, KYCity & State
28 Paducah, KYZip Country
24 42002Zip Country
29 42002

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AVEDSIAN, ELISABETH B.
7795 PINE TRACE
SARASOTA FL 34243**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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	PTDS		
	AVEDSIAN, ELIZABETH B		
	1324 JEFFERSON ST		
	PADUCAH, KY 00000		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
S/T	Clyde B. Stevens	P.O. Box 7445, 934 Broadway	Paducah, KY 42002
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP
2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	
3. STREET ADDRESS	4. CITY - ST - ZIP		
4. CITY - ST - ZIP			
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP
6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	
7. STREET ADDRESS	8. CITY - ST - ZIP		
8. CITY - ST - ZIP			
9. TITLE	10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP
10. NAME	11. STREET ADDRESS	12. CITY - ST - ZIP	
11. STREET ADDRESS	12. CITY - ST - ZIP		
12. 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 110.07(3)(k), 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.

SIGNATURE: *Clyde B. Stevens* **Clyde B. Stevens, S/T** **4/27/95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Please Print)