2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 841895

Entity Name: FLORENCE & HUTCHESON, INC.

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH, KY 420027267				2550 IRVIN COBB DRIVE PADUCAH, KY 42003			
Current Mailing Address:				New Mailing Address:			
P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH, KY 420027267				P.O. BOX 7267 PADUCAH, KY 420027267			
FEI Number:	: 61-0648608	FEI Number Applied For ()	FEI Num	ber Not Appli	cable ()	Certificate of	Status Desired ()
Name and	Address of Cu	rrent Registered Agent:		Name and	Address of	New Register	ed Agent:
GLUNT, R 1800 ROP SAINT CLO		US					
	named entity su e of Florida.	bmits this statement for the pu	ırpose of	changing it	s registered	office or registe	ered agent, or both,
SIGNATUR	RE:						
	Electronic	Signature of Registered Ager	nt			Date	
Election Car	npaign Financing 1	rust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	V () D COLBURN, ROGE 2550 IRVIN COBE PADUCAH, KY 42	ER L 3 DR		Title: Name: Address: City-St-Zip:	(() Change () Add	dition
Title: Name: Address: City-St-Zip:	EVP () D SCOTT, HARRIS 1321 MURFREES NASHVILLE, TN	BORO ROAD SUITE 325		Title: Name: Address: City-St-Zip:	(() Change()Add	dition
Title: Name: Address: City-St-Zip:	BODS () D GLUNT, BEN G 16 WELLINGTON GREENVILLE, SO	AVENUE		Title: Name: Address: City-St-Zip:	(() Change () Add	dition
Title: Name: Address: City-St-Zip:	T () D SANDERS, SUZA 2550 IRVIN COBE PADUCAH, KY	NNE		Title: Name: Address: City-St-Zip:	(() Change()Add	dition
Title: Name: Address: City-St-Zip:	CEO () D ECHOLS, JR ROE 501 HUGER STRE COLUMBIA, SC 2	BERT L EET		Title: Name: Address: City-St-Zip:	(() Change() Add	dition
Title: Name: Address: City-St-Zip:	P () D THACHER DAN, 2550 IRVIN COBE PADUCAH, KY 42	3 DR		Title: Name: Address: City-St-Zip:	COO (WASHER, SH 2550 IRVIN C PADUCAH, K	OBB DR	dition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE SANDERS T 03/31/2009