FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 27 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851278** **(2)**

1. Corporation Name

J.J.B. HILLIARD, W.L. LYONS, INC.

Principal Place of Business	Mailing Address
HILLIARD LYONS CENTER P.O. BOX 32760 MUHAMMAD ALI BLVD. AT FOURTH AVENUE LOUISVILLE KY ~~40201-0327~~	HILLIARD LYONS CENTER P.O. BOX 32760 ~~MUHAMMAD ALI BLVD. AT FOURTH AVENUE~~ LOUISVILLE KY 40201-0327

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1981
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24: 40202 Country 25

2a. Mailing Address
26: PO Box 32760
Suite, Apt. #, etc.
27
City & State
28
Zip 29: 40232 Country 30

4. FEI Number: 61-0734935 ☐ 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CRAWFORD, WILLIAM	1.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	1.3 STREET ADDRESS	- delete -
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	
TITLE	EVD	2.1 TITLE	☐ Change ☐ Addition
NAME	KOHLER, DONALD	2.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, KENNETH	3.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	PAMPLIN, GILBERT	4.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	EVD	5.1 TITLE	☐ Change ☐ Addition
NAME	STONE, JAMES III	5.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	ROSE, JEFFREY	6.2 NAME	
STREET ADDRESS	HILLIARD LYONS CENTER	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	6.4 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 on an attachment with an address.

SIGNATURE: _____ 1-18-94 502-588-8651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384027 CP