

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLOR DA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 857372 (7)**  
1. Corporation Name  
**CARBRO, INC.**



Principal Place of Business: **130 E. 25TH ST. HOPKINSVILLE KY 42240**  
Mailing Address: **P. O. BOX 625 HOPKINSVILLE KY 42240 US**

3. Date Incorporated or Qualified: **08/10/1983**    3a. Date of Last Report: **04/25/1995**  
4. FEI Number: **61-6023973**    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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**KNUDSEN JR., ARTHUR K.  
1415 HENDRY ST  
FT. MYERS FL 33902**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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 re-registering) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, CARLISLE III	
STREET ADDRESS	P.O. DRAWER A, N/A	
CITY - ST - ZIP	GRACEY KY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KIRKPATRICK, CARLISLE	
STREET ADDRESS	P.O. BOX 117, N/A	
CITY - ST - ZIP	GRACEY KY	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	KIRKPATRICK, JUDITH W.	
STREET ADDRESS	P.O. DRAWER A, NA	
CITY - ST - ZIP	GRACEY KY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kirkpatrick, Carlisle IV	
1.3 STREET ADDRESS	2224 Strathmoor Blvd.	
1.4 CITY - ST - ZIP	Louisville, KY 40205	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Yelton, Sanders	
2.3 STREET ADDRESS	165 Suburban Court	
2.4 CITY - ST - ZIP	Lexington, KY 40503	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 this corporation; 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:** *[Signature]*    **4/22/96**    Date    **(502) 886-3936**    Daytime Phone #

CR2E034 (12/95)