

2006

FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90394 012 ****61.25

60023715



02062006 Chg-NP CR2E037 (11/05)

4. FEI Number **43-1071086** Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> Delete
NAME	BENNETT, JAMES R	
STREET ADDRESS	1001 A SHIVE LANE	
CITY-ST-ZIP	BOWLING GREEN, KY 421038036	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DICE, JEFFREY M	
STREET ADDRESS	1001 A SHIVE LANE	
CITY-ST-ZIP	BOWLING GREEN, KY 421038036	
TITLE	VC	<input type="checkbox"/> Delete
NAME	GILLSON, LOUIS H	
STREET ADDRESS	1001 A SHIVE LANE	
CITY-ST-ZIP	BOWLING GREEN, KY 421038036	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSENBAUGH, JACK D	
STREET ADDRESS	1001 A SHIVE LANE	
CITY-ST-ZIP	BOWLING GREEN, KY 421038036	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, KEVIN W	
STREET ADDRESS	1001 A SHIVE LANE	
CITY-ST-ZIP	BOWLING GREEN, KY 421038036	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SECRETARY/TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENJAMIN PRY	
STREET ADDRESS	3500 COMMERCE CENTER DR	
CITY-ST-ZIP	FRANKLIN, OH 45005	
TITLE	LOUIS GILLSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3500 COMMERCE CENTER DR.	
CITY-ST-ZIP	FRANKLIN, OH 45005	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACK D. OSENBAUGH	
STREET ADDRESS	3110 KETTERING BLVD	
CITY-ST-ZIP	DAYTON, OH 45439	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN W RAY	
STREET ADDRESS	438 S MULBERRY	
CITY-ST-ZIP	ELIZABETHTOWN, KY 42701	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANLEY PREZNICK	
STREET ADDRESS	3110 KETTERING BLVD	
CITY-ST-ZIP	DAYTON, OH 45439	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/06