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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 12:11

DOCUMENT # **F19420** **(1)**

1. Corporation Name
LUV, RUBY, INC.

Principal Place of Business	Mailing Address
101 SOUTH FIRST ST. HARLAN KY 40831	101 SOUTH FIRST ST. HARLAN KY 40831

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/12/1981**
3a. Date of Last Report: **05/26/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **59-2117031** ☐ 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	10. Name and Address of New Registered Agent
MOORE, BECKY B MOORE & ELLRICH, P.A. 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33410	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	11 TITLE	☐ Change ☐ Addition
NAME	BENNETT, RUBY	12 NAME	
STREET ADDRESS	113 WOODLAND HILLS	13 STREET ADDRESS	
CITY-ST-ZIP	HARLAN KY 40831	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BENNETT, BENJAMIN	22 NAME	
STREET ADDRESS	113 WOODLAND HILLS	23 STREET ADDRESS	
CITY-ST-ZIP	HARLAN KY 40831	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ROWE, VALERIE	32 NAME	
STREET ADDRESS	523 SOUTH MAIN STREET	33 STREET ADDRESS	
CITY-ST-ZIP	HARLAN KY 40831	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	BENNETT, SARAH J	42 NAME	
STREET ADDRESS	113 WOODLAND HILLS	43 STREET ADDRESS	
CITY-ST-ZIP	HARLAN KY 40831	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	BENNETT, MARY ELIZABETH	52 NAME	
STREET ADDRESS	113 WOODLAND HILLS	53 STREET ADDRESS	
CITY-ST-ZIP	HARLAN KY 40831	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	ROWE, MONA	62 NAME	
STREET ADDRESS	HIGHBANK ROAD #413	63 STREET ADDRESS	
CITY-ST-ZIP	BAXTER KY 40806	64 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: Ruby C Bennett 3/23/95 606-573-1010
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #