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FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F81706 (6)

1. Corporation Name  
TWENTY-NINE HUNDRED CORPORATION

Principal Place of Business

400 WEST MARKET ST  
3300 PROVIDIAN CENTER  
LOUISVILLE KY 40202  
US

Mailing Address

400 WEST MARKET ST  
3300 PROVIDIAN CENTER  
LOUISVILLE KY 40202-3346  
US



3. Date Incorporated or Qualified

05/13/1982

3a. Date of Last Report

04/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-2202122

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

OT 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	W. BRUCE LUNSFORD	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	VCFO	<input checked="" type="checkbox"/> DELETE
NAME	W. EARL REED, III	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	JILL L FORCE	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD A LECHLEITER	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MICHAEL R BARR	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MARIA M LEVERING	
STREET ADDRESS	3300 PROVIDIAN CENTER	
CITY - ST - ZIP	LOUISVILLE KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	See Attached List
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/97

Daytime Phone #

CR2E034 (9/96)

DIRECTORS:

J. Timothy Wesley    Director  
Primary : 515 West Market Street  
Address : Louisville, KY 40202

**OFFICERS:**

J. Timothy Wesley                                      Chief Financial Officer and Secretary  
Primary : 515 West Market Street  
Address : Louisville, KY 40202

Ralph H. Bellande Vice President of Operations  
Primary : 515 West Market Street  
Address : Louisville, KY 40202

Joseph L. Bickley                      Vice President of Finance and Assistant  
Secretary

Primary        : 515 West Market Street  
Address        : Louisville, KY 40202