

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000565 (2)

1. Corporation Name

LIBERTY FLORIDA REALTY COMPANY



Principal Place of Business

**416 W. JEFFERSON STREET
LOUISVILLE KY 40202**

Mailing Address

**LEGAL DEPARTMENT
PO BOX 32500
LOUISVILLE KY 40232
US**

3. Date Incorporated or Qualified

02/05/1993

3a. Date of Last Report

01/25/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

61-1229508

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

**C T CORPORATION SYSTEM
1200 SOUTH 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 on the filing date)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CPS	<input type="checkbox"/> DELETE
NAME	BEALE, WALTER I	
STREET ADDRESS	416 W. JEFFERSON ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN BIBBER, JOHN Y	
STREET ADDRESS	416 W. JEFFERSON ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOBBINS, R H	
STREET ADDRESS	416 W. JEFFERSON ST	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Gregory S. Claypool	
13 STREET ADDRESS	416 W. Jefferson St.	
14 CITY-ST-ZIP	Louisville, KY 40202	
21 TITLE	Director, Vice Pres. and	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Todd Lumpkin	
23 STREET ADDRESS	416 W. Jefferson St.	
24 CITY-ST-ZIP	Louisville, KY 40202	
31 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Lenna Macdonald	
33 STREET ADDRESS	416 W. Jefferson St.	
34 CITY-ST-ZIP	Louisville, KY 40202	
41 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Clint S. Bacastow	
43 STREET ADDRESS	416 W. Jefferson St.	
44 CITY-ST-ZIP	Louisville, KY 40202	
51 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	A. Stephen Cooper	
53 STREET ADDRESS	416 W. Jefferson St.	
54 CITY-ST-ZIP	Louisville, KY 40202	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 637, 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

WILLIAM TODD LUMPKIN

4/10/96

502/566-8218
Daytime Phone #

CR2E034 (12/95)