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AND
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95 APR 26 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F93000002485 (1)

1. Corporation Name
TELEDRAFT, INCORPORATED

Principal Place of Business: 10503 TIMBERWOOD CIRCLE SUITE 204 LOUISVILLE KY 40223
Mailing Address: 10503 TIMBERWOOD CIRCLE SUITE 204 LOUISVILLE KY 40223

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/26/1993** 3a. Date of Last Report: **03/21/1994**
4. FEI Number: **61-1232776** 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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
B1 Name: B2 Street Address (P.O. Box Number is Not Acceptable): B3 B4 City: **FL** B5 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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STINSON, S. MICHAEL
STREET ADDRESS	1500 ARNOLD PALMER DRIVE
CITY-ST-ZIP	LOUISVILLE KY 40223
TITLE	VPS
NAME	BOWLING, ROBERT E
STREET ADDRESS	12601 ST. CLAIR DRIVE
CITY-ST-ZIP	MIDDLETOWN KY 40223
TITLE	D
NAME	JOHNSON, C. DOUGLAS
STREET ADDRESS	1133 JEFFERSON
CITY-ST-ZIP	DOWNES GROVE IL 60516
TITLE	D
NAME	ROBERTS, STEPHEN R
STREET ADDRESS	6511 NW 57TH LANE
CITY-ST-ZIP	PARKLAND FL 33087
TITLE	D
NAME	CAMPBELL, JAMES G
STREET ADDRESS	2750 LEXINGTON ROAD
CITY-ST-ZIP	LOUISVILLE KY 40202
TITLE	VP
NAME	FERRELL, JAMES M W
STREET ADDRESS	2001 RIO VISTA DRIVE
CITY-ST-ZIP	LOUISVILLE KY 40207

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	
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 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 unchanged, or on an attachment with an address.

SIGNATURE: S. Michael Stinson 4/20/95 (502) 327-9506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #