FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 06 1997 8:00am

Secretary of State

☐ Change

___ Addition

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000004624 (3)

PPB, INC.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Principal Place of Business Mailing Address 151 N. SHELBY ST. 151 N. SHELBY ST. LOUISVILLE KY 40202 LOUISVILLE KY 40202-1036 3. Date Incorporated or Qualified 3a. Date of Last Report 10/14/1993 02/06/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 61-1012052 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes X No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVIS, JAMES LEE CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) 11207 OAKHURST RD. 82 1200 South Pine Island Road **LARGO FL 34644** 83 City 84 Plantation

FL 33324

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. 4-23 , metro san **SIGNATURE** Stonature, typed or printed name of registr d agert and breit applicable (NOTE: Registured Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) TITLE DELETE Change Addition 11100 PARROTT, JAMES L JR NAME 1.2 NAME **604 TUCKER STATION RD.** STREET ADDRESS 1.8 STREET ADDRESS **LOUISVILLE KY 40243** CITY-ST-ZIP 1.4 CITY - ST - 7IP DELETE TITLE VD Change 2.1 THILE Addition BRENT, R W NAME 2.2 NAME 2106 ST. ANDREWS RD. STREET ADDRESS 2.3 STREET ADDRESS JEFFERSONVILLE IN 47130 CITY-ST-ZIP 2.4 CITY - \$1 - ZIP STD DELETE TITLE 3.1 THLE Change Addition PARROTT-TORP, ELIZABETH NAME 3.2 NAME 2121 DOUGLASS BLVD. STREET ADDRESS 3.3 STREET ADDRESS **LOUISVILLE KY 40205** CITY-ST-ZIP 3.4. CITY - \$T - 7IF ☐ DELETE TITLE 4.1 TITLE Change ___ Addition PARROTT, JAMES L SR NAME 4.2 NAMI 153 TOTEM RD. STREET ADDRESS 4.3 STREET ADDRESS LOUISVILLE KY 40207 CITY-ST-ZIP 4.4 CITY- \$1-ZIP DELETE Change Addition 5.1 TOLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-7IP

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 received of 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 order attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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

DELETE