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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **F93000005159 (9)**

1. Corporation Name

THE VINE STREET TRUST COMPANY

Principal Place of Business	Mailing Address
360 EAST VINE STREET LEXINGTON KY 40507	360 EAST VINE STREET LEXINGTON KY 40507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/15/1993**
3a. Date of Last Report: **08/12/1994**

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

4. FEI Number: **61-1141380** ☐ 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

CHIDESTER, KAY A.
550 NORTH REO STREET
SUITE 300
TAMPA FL 33609

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 _____ 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	HESS, F L	12 NAME		
STREET ADDRESS	360 EAST VOINE STREET	13 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, JACK H	22 NAME		
STREET ADDRESS	360 EAST VINE STREET	23 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	VP	☒ Change ☐ Addition
NAME	MOORE, KENNETH E	32 NAME	LEWIS, HAROLD Jr	
STREET ADDRESS	360 EAST VINE STREET	33 STREET ADDRESS	360 EAST VINE STREET	
CITY-ST-ZIP	LEXINGTON KY	34 CITY-ST-ZIP	LEXINGTON KY	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ALFORD, W V	42 NAME		
STREET ADDRESS	360 EAST VINE STREET	43 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	HOUSE, LENNIE G	52 NAME		
STREET ADDRESS	360 EAST VINE STREET	53 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	HUFFMAN, GARY T	62 NAME		
STREET ADDRESS	360 EAST VINE STREET	63 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: HAROLD LEWIS, Jr — 4/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Title — Daytime Phone #

0476178 FP