

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Shandra B. Mirzhan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005159 (9)**

1. Corporation Name
THE VINE STREET TRUST COMPANY



Principal Place of Business
**360 EAST VINE STREET
LEXINGTON KY 40507**

Mailing Address
**360 EAST VINE STREET
LEXINGTON KY 40507**

3. Date Incorporated or Qualified 11/15/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 61-1141380	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

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)
4230 SOUTH MAC DILL AVENUE
83
84 City **TAMPA** FL 85 Zip Code **33611**

11. Pursuant to the provisions of Sections 607.0609 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 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____
I, _____ Registered Agent Signature and Appointment Date

12. OFFICERS AND DIRECTORS

11.1 NAME PD HESS, F L	<input type="checkbox"/> DELETE
11.2 STREET ADDRESS 360 EAST VOINE STREET LEXINGTON KY	
11.3 CITY-STATE-ZIP VD	<input type="checkbox"/> DELETE
11.4 NAME BROWN, JACK H	
11.5 STREET ADDRESS 360 EAST VINE STREET LEXINGTON KY	
11.6 CITY-STATE-ZIP VP	<input checked="" type="checkbox"/> DELETE
11.7 NAME LEWIS, HAROLD J	
11.8 STREET ADDRESS 360 EAST VINE STREET LEXINGTON KY	
11.9 CITY-STATE-ZIP D	<input type="checkbox"/> DELETE
11.10 NAME ALFORD, W V	
11.11 STREET ADDRESS 360 EAST VINE STREET LEXINGTON KY	
11.12 CITY-STATE-ZIP D	<input type="checkbox"/> DELETE
11.13 NAME HOUSE, LENNIE G	
11.14 STREET ADDRESS 360 EAST VINE STREET LEXINGTON KY	
11.15 CITY-STATE-ZIP D	<input type="checkbox"/> DELETE
11.16 NAME HUFFMAN, GARY T	
11.17 STREET ADDRESS 360 EAST VINE STREET LEXINGTON KY	
11.18 CITY-STATE-ZIP D	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22.1 TITLE	
22.2 NAME	
22.3 STREET ADDRESS	
22.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32.1 TITLE	
32.2 NAME	
32.3 STREET ADDRESS	
32.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42.1 TITLE	
42.2 NAME	
42.3 STREET ADDRESS	
42.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52.1 TITLE	
52.2 NAME	
52.3 STREET ADDRESS	
52.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62.1 TITLE	
62.2 NAME	
62.3 STREET ADDRESS	
62.4 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Jack H. Brown* **Jack H. Brown**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96 (606) 255-8300
DATE OF FILING

CR2E034 (12/95)