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 # **F93000005161 (5)**

1. Corporation Name
VST FINANCIAL SERVICES, INC.

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: 02/07/1995

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: 61-1218830 — 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): 4230 SOUTH MACDILL AVENUE
83
84 City: TAMPA FL 85 Zip Code: 33611

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 of a member of the firm of the registered agent) (Note: Registered Agent must sign in the space above to accept the appointment) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	MOORE, KENNETH E	
STREET ADDRESS	5901-C PEACHTREE, DUNWOODY ROAD STE 420	
CITY, ST, ZIP	ATLANTA GA	
TITLE	VD	☐ DELETE
NAME	DAILY, VINCENT D	
STREET ADDRESS	5901-C PEACHTREE, DUNWOODY ROAD STE 420	
CITY, ST, ZIP	ATLANTA GA	
TITLE	VD	☒ DELETE
NAME	KARLIN, MICHAEL S	
STREET ADDRESS	5901-C PEACHTREE, DUNWOODY ROAD STE 420	
CITY, ST, ZIP	ATLANTA GA	
TITLE	STD	☐ DELETE
NAME	BROWN, JACK H	
STREET ADDRESS	360 EAST VINE STREET	
CITY, ST, ZIP	LEXINGTON KY	
TITLE	D	☐ DELETE
NAME	HESS, F L	
STREET ADDRESS	360 EAST VINE STREET	
CITY, ST, ZIP	LEXINGTON KY	
TITLE	D	☐ DELETE
NAME	MAHAN, JAMES S	
STREET ADDRESS	360 EAST VINE STREET	
CITY, ST, ZIP	LEXINGTON KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☐ Change ☒ Addition
1.2 NAME	Lee Williams	
1.3 STREET ADDRESS	5901-c Peachtree-Dunwoody Ste 420	
1.4 CITY, ST, ZIP	Atlanta, Ga	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY, ST, ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY, ST, ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY, ST, ZIP		
6.1 TITLE		☐ Change ☐ 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)(x), 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 Daytime Phone #

CR2E034 (12/95)