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FILED

Feb 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 40507-1514



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

CHIDESTER, KAY A
4230 S MACDILL AVE
TAMPA FL 33611

3. Date Incorporated or Qualified

11/15/1993

3a. Date of Last Report

02/21/1996

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME WILLIAMS, LEE
STREET ADDRESS 5901-C PEACHTREE DUNWOODY, 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 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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☒ Addition

1.2 NAME Frank Bennett
1.3 STREET ADDRESS 5901-C Peachtree Dunwoody, Suite 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 Director ☐ Change ☒ Addition

5.2 NAME John S. Penn
5.3 STREET ADDRESS 400 East Vine Street, Suite 300
5.4 CITY- ST- ZIP Lexington, KY 40507

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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

2-17-97 (606) 255-8300
Date Daytime Phone #

CR2E034 (9/96)