

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000005379 (3)**

1. Corporation Name

LOUISVILLE PUBLIC WAREHOUSE COMPANY

Principal Place of Business

**4500 PROGRESS BLVD.
LOUISVILLE KY 40218**

Mailing Address

**P O BOX 18230
LOUISVILLE KY 40281-0230
US**



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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

11/24/1993

3a. Date of Last Report

01/25/1996

4. FEI Number

61-0419202

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	<input type="checkbox"/> DELETE
NAME	KARP, JAMES S	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY 40218	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HIMBURG, THEODORE	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	THOMAS, DANIEL A	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY 40218	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WOERNER, CYNTHIA M	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY 40218	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BROWN, JENNIFER	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY 40218	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLIEDEN, ANDREW	
STREET ADDRESS	4500 PROGRESS BLVD	
CITY-ST-ZIP	LOUISVILLE KY 40218	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia M Woerner CFO

4/29/97 (502) 456-4710

Date Daytime Phone #

CR2E034 (9/96)