

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:15

DOCUMENT # **F94000001595 (7)**

1. Corporation Name

LITHGOW INDUSTRIES, INC.

Principal Place of Business

**461 FOURTH AVE.
LOUISVILLE KY 40202**

Mailing Address

**461 FOURTH AVE.
LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1994

3a. Date of Last Report

4. FEI Number

61-1015331

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 (1)(2)
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**SMITH, JANE U
1026 DISTA DEL MAR
DELRAY BEACH FL 33483**

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 of corporation

Signature, typed or printed name of registered agent and title of corporation

Signature

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	CROUCH, ELDON
STREET ADDRESS	409 LOTIS WAY
CITY - ST - ZIP	LOUISVILLE KY 40207
TITLE	D
NAME	HARDIN, RUDOLPH JR
STREET ADDRESS	3213 TAYLOR BLVD.
CITY - ST - ZIP	LOUISVILLE KY 40215
TITLE	D
NAME	SMITH, LAWRENCE L
STREET ADDRESS	3814 GLENVIEW AVE.
CITY - ST - ZIP	GLENVIEW KY 40025
TITLE	V
NAME	VOGT, HOWARD K
STREET ADDRESS	2408 CHADFORD WAY
CITY - ST - ZIP	LOUISVILLE KY 40222
TITLE	V
NAME	CLAYTON, ELLEN
STREET ADDRESS	126 DON ALLEN RD.
CITY - ST - ZIP	LOUISVILLE KY 40207
TITLE	V
NAME	SCHERZINGER, TOM L
STREET ADDRESS	6210 TRANSYLVANIA BEACH RD.
CITY - ST - ZIP	PROSPECT KY 40059

1. TITLE	☐ Change ☐ Add
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	☐ Change ☐ Add
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	☐ Change ☐ Add
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	☐ Change ☐ Add
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	
17. TITLE	☐ Change ☐ Add
18. NAME	
19. STREET ADDRESS	
20. CITY - ST - ZIP	

Delete Ellen Clayton

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 199 (2) (b), Florida Statutes. I further certify that the information included in 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 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2-15-95

502-584-3112