

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 OCT 27 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003831 (2)**

1. Corporation Name
PIN OAK STUD, INC.

Principal Place of Business
**4058 VERSAILLES RD. SUITE 5D
LEXINGTON KY 40510**

Mailing Address
**4058 VERSAILLES RD. SUITE 5D
LEXINGTON KY 40510**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 830 Grassy Springs Rd Suite, Apt. #, etc. 22 City & State 23 Versailles, KY Zip 24 40383 Country 25 USA	2a. Mailing Address 26 P.O. Box 68 Suite, Apt. #, etc. 27 City & State 28 Versailles, KY Zip 29 40383 Country 30 USA
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3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
4. FEI Number 61-0980586	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 600002340596--6 83 -11706797--01094--002 ****550.00 ****550.00 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABERCROMBIE, JOSEPHINE	1.2 NAME	
STREET ADDRESS	4058 VERSAILLES RD, SUITE 5D	1.3 STREET ADDRESS	830 Grassy Springs Road
CITY-ST-ZIP	LEXINGTON KY 40510	1.4 CITY-ST-ZIP	P.O. Box 68
TITLE	VS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, D. MERRIL	2.2 NAME	
STREET ADDRESS	4058 VERSAILLES RD, SUITE 5D	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40510	2.4 CITY-ST-ZIP	
TITLE	Vice President, Secretary	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John W. Backer, Jr.	3.2 NAME	
STREET ADDRESS	P.O. Box 68	3.3 STREET ADDRESS	P.O. Box 68, 830 Grassy Springs Road
CITY-ST-ZIP	Versailles, Ky 40383	3.4 CITY-ST-ZIP	Versailles, Ky 40383
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 this 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: **John W. Backer, Jr.**

9/16/97 (6X) 873-4477

CR2E034 (4/97)