

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.)

FILED  
Jul 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004167 (0)**

1. Corporation Name

**FISHER-KLOSTERMAN, INC.**

Principal Place of Business

P.O. BOX 11180  
LOUISVILLE KY 40251

Mailing Address

P.O. BOX 11180  
LOUISVILLE KY 40251

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1996** 3a. Date of Last Report

4. FEI Number **61-0566560** 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
660 EAST JEFFERSON STREET  
TALLAHASSEE FL 32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCDT HEUMANN, WILLIAM L</b>	1.2 NAME	
STREET ADDRESS	<b>2900 WEST BROADWAY 2ND FL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V JOHNSON, AUBREY L</b>	2.2 NAME	
STREET ADDRESS	<b>2900 WEST BROADWAY 2ND FL</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S RONE, JOAN M</b>	3.2 NAME	
STREET ADDRESS	<b>2900 WEST BROADWAY 2ND FL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RUDD, MASON</b>	4.2 NAME	
STREET ADDRESS	<b>2900 WEST BROADWAY 2ND FL</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D VOLKERDING, JOHN K</b>	5.2 NAME	
STREET ADDRESS	<b>2900 WEST BROADWAY 2ND FL</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LOUISVILLE KY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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]* 7/25/97 (122) 771 1515

CP2E034 (4/97)