

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Jan 23 1998 8:00am
Secretary of State

DOCUMENT # F97000002024 (4)

1. Corporation Name
THE DREES COMPANY

Principal Place of Business
211 GRANDVIEW DRIVE
FT MITCHELL KY 41017

Mailing Address
211 GRANDVIEW DRIVE
FT MITCHELL KY 41017



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/18/1997

4. FEI Number

61-0675670

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

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

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 PD ☐ DELETE
NAME DREES, DAVID
STREET ADDRESS 22-B LINDEN HILL DR.
CITY-ST-ZIP CRESCENT SPRINGS KY

TITLE ST ☐ DELETE
NAME HERBST, LAWRENCE
STREET ADDRESS 1873 WEXWOOD LANE
CITY-ST-ZIP CINCINNATI OH

TITLE CD ☐ DELETE
NAME DREES, RALPH
STREET ADDRESS 22-A LINDEN HILL DR
CITY-ST-ZIP CRESCENT SPRINGS KY

TITLE D ☐ DELETE
NAME HEMMER, LYNN
STREET ADDRESS 786 CRESCENT POINTE DR
CITY-ST-ZIP CRESCENT SPRINGS KY

TITLE D ☐ DELETE
NAME HILTZ, L T
STREET ADDRESS 50 E RIVERCENTER BLVD #1550
CITY-ST-ZIP COVINGTON KY

TITLE D ☐ DELETE
NAME LUCAS, KENNETH R
STREET ADDRESS 50 E RIVERCENTER BLVD, #1600
CITY-ST-ZIP COVINGTON KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: *LAWRENCE G. HERBST* 1/7/98 606-578-4209

CR2E034 (10/97)