

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90016 007 ***150.00

DOCUMENT # **F97000005457**

1. Corporation Name

MID-AMERICA GIFT CERTIFICATE COMPANY

Principal Place of Business

**500 W. BROADWAY
LOUISVILLE KY 40202**

Mailing Address

**500 W. BROADWAY
LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/17/1997

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

4. FEI Number

31-1556662

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CORPAMERICA, INC.
1525 S. ANDREWS AVE, SUITE 216
FT LAUDERDALE FL 33316**

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	CP	<input type="checkbox"/> DELETE
NAME	LAMAR, DONALD R	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OLIVER, ORSON	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	STOKE, SHEILA	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	RIPPY, JOHN T	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SACHS, ROBERT H	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DOHRMAN, MARK	
STREET ADDRESS	500 W. BROADWAY	
CITY-ST-ZIP	LOUISVILLE KY 40202	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Rippy, John T.
4.3 STREET ADDRESS	500 W. Broadway
4.4 CITY-ST-ZIP	Louisville, KY 40202
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 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, with all other like empowered.

SIGNATURE:

John T. Rippy, Secretary (502) 562-7975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)