


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000000980
 1. Entity Name
FASIG-TIPTON KENTUCKY, INC.



Principal Place of Business Mailing Address
2400 NEWTOWN PIKE **2400 NEWTOWN PIKE**
LEXINGTON, KY 40511 **LEXINGTON, KY 40511**

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2216166 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
PENNY, PETER
3641 SE 22 AV
OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROBERTSON, WALTER S 2400 NEWTOWN PIKE LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOV BROWNING, BOYD T JR 2400 NEWTOWN PIKE LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIGGS, JOHNNY K DR 1409 FERGUSON ROAD LEXINGTON, KY 40511
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VANCLIEF, DANIEL G JR 3155 KEENE RD NICHOLASVILLE, KY 40356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **VP** **2-11-04** **859-255-1555**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #