

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90393 041 \*\*\*150.00

**DOCUMENT # F98000006904**

1. Entity Name  
**PLANGRAPHICS, INC.**

Principal Place of Business

**112 EAST MAIN STREET  
FRANKFORT KY 40601**

Mailing Address

**112 EAST MAIN STREET  
FRANKFORT KY 40601**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**61-0954403**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PCD** ☐ Delete  
NAME **ANTENUCCI, JOHN C**  
STREET ADDRESS **112 EAST MAIN STREET**  
CITY-ST-ZIP **FRANKFORT KY**

TITLE **VD** ☐ Delete  
NAME **REED, J G**  
STREET ADDRESS **3388 LYON DRIVE**  
CITY-ST-ZIP **LEXINGTON KY**

TITLE **D** ☒ Delete  
NAME **GOATON, WILLIAM T ESQ**  
STREET ADDRESS **250 W. MAIN ST. SUITE 2300**  
CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE **T** ☐ Delete  
NAME **MURPHY, GARY W**  
STREET ADDRESS **8804 DENINGTON DRIVE**  
CITY-ST-ZIP **LOUISVILLE KY**

TITLE **S** ☒ Delete  
NAME **PELFREY, BRENDA**  
STREET ADDRESS **160 LEWIS LANE**  
CITY-ST-ZIP **FRANKFORT KY 40601**

TITLE **V** ☒ Delete  
NAME **KEVANY, J M**  
STREET ADDRESS **615 BENNINGTON LANE**  
CITY-ST-ZIP **SILVER SPRINGS MD**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCD** ☒ Change ☐ Addition  
NAME **JOHN C. ANTENUCCI**  
STREET ADDRESS **2746 SHADRICK FERRY RD**  
CITY-ST-ZIP **PO BOX 1503 FRANKFORT KY 40601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **RAYMUND E. O'MARA**  
STREET ADDRESS **15430 RATON ROAD**  
CITY-ST-ZIP **COLORADO SPRINGS CO 80921**

TITLE **D** ☐ Change ☒ Addition  
NAME **FRED J. BEISSER**  
STREET ADDRESS **796 TIAGOTRAIL**  
CITY-ST-ZIP **PARKER COLORADO 80138**

TITLE **S** ☐ Change ☒ Addition  
NAME **JOYCE M. RECTOR**  
STREET ADDRESS **118 WEST CAMPBELL ST.**  
CITY-ST-ZIP **FRANKFORT KY 40601**

TITLE **D** ☐ Change ☒ Addition  
NAME **GARY S. MURRAY**  
STREET ADDRESS **8181 PROFESSIONAL PLACE Suite 200**  
CITY-ST-ZIP **LANDOVER MD 20785**

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**April 09, 2002** **502-223 1501**

CR2E034 (9/01)