

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L96530 (5)**  
1. Corporation Name  
**FRANKLIN ASSET MANAGEMENT COMPANY, INC.**



Principal Place of Business: **2509 PLANTSIDE DRIVE LOUISVILLE KY 40299**  
Mailing Address: **2509 PLANTSIDE DRIVE LOUISVILLE KY 40299**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/03/1990</b>	3a. Date of Last Report <b>02/21/1995</b>
21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Applied For Not Applicable
27. State, Apt. #, etc.	28. City & State	29. Zip	30. Country	4. FEI Number <b>61-0959078</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
21	22	23	24	25	26
27	28	29	30	4	5
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

11. Pursuant to the provisions of Sections 607.0102 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 607.0105, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<b>D</b>	1.1 TITLE	
NAME	<b>CROMBIE, SANDY</b>	1.2 NAME	
STREET ADDRESS	<b>2509 PLANTSIDE DR.</b>	1.3 STREET ADDRESS	
CITY, STATE, ZIP	<b>LOUISVILLE KY</b>	1.4 CITY, STATE, ZIP	
<input type="checkbox"/> DELETE		2.1 TITLE	
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY, STATE, ZIP	
CITY, STATE, ZIP		3.1 TITLE	
<input type="checkbox"/> DELETE		3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY, STATE, ZIP	
STREET ADDRESS		4.1 TITLE	
CITY, STATE, ZIP		4.2 NAME	
<input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
TITLE		4.4 CITY, STATE, ZIP	
NAME		5.1 TITLE	
STREET ADDRESS		5.2 NAME	
CITY, STATE, ZIP		5.3 STREET ADDRESS	
<input type="checkbox"/> DELETE		5.4 CITY, STATE, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, STATE, ZIP		6.4 CITY, STATE, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *Sandy Crombie* **SANDY CROMBIE** 2/7/96 502 491 2422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)