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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 19, 1999 8:00 am Secretary of State

	1999		Secretary o DIVISION OF COR	f State	02-19-1999 90133 004 ***158.75		
				RPORATIONS	02-19-1999 90133 004 130	0.73	
1.	Corporation Name	96530					
	FRANKLIN ASSET MANAGEMENT COMPANY, INC.						
					79/30 - 90155 - 4		
Prir	ncipal Place of Business	 -			I ARIUS II SIG (BUZ BUZ) BUSS DIN SEG SERVE		
2509	2509 PLANTSIDE DOUG Mailing Address						
LOU	LOUISVILLE KY 40299 2509 PLANTSIDE D					AN ANAN ANAN ANA	
- 1		LOUISVILLE K	Y 40299				
					DO NOT WRITE IN THIS SPACE		
2. P	2. Principal Place of Business				incorporated of Chialiford		
21	21 Za. Mailing Address				08/03/1990 4. FEI Number		
	Suite, Apt. #, etc. 26 Suite, Apt. #, etc.		#			pplied For	
	ty & State	27	#, etc.		\ \ N	lot Applicable	
23	·	City & Stat	e		5. Certificate of Status Desired \$8.75	Additional	
Zip	Country	28			- Calipaign Financing	equired	
24		Zip 29	Co.	untry		May Be	
	9. Name and Address of Current Registered Agent			T	8. This corporation owes the current year Intangible Personal Property Tax.		
CROMBIE, SANDY 37 BROOK CIRCLE				81 Name	10. Name and Address of New Registered Agent		
				1 Hamile			
LEESBURG FL 34748				82 Street Address (P.O. Box Number is Not Acceptable)		_	
1			1	83			
11 0			ļ	84 City			
offic	e or registered agent, or both in the	607.0502 and 607.1508 Florid	2 Statut		85 Zin Co		
ayei SiONAT	nt. I am familiar with, and accept th	e obligations of Section 607 of	e was authorized	ove-named corp	oration submits this statement for the purpose of changing its re un's board of directors. I hereby accept the appointment as regis	\	
SIGNAT	Signature, typed or printed name of regis		505, Florida Statut	es.	oration submits this statement for the purpose of changing its reprise board of directors. I hereby accept the appointment as regis	gistered stered	
12.	OFFICE	RS AND DIRECTORS	(NOTE: Registered Ag	ent signature required	Who		
NAME	•	☐ DEL	ETC		ADDITIONS/CHANCES TO THE	 _	
STREET ADDR	2500 DI 447000		i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition Change Addition			
CITY-ST-ZIP	LOUISVILLE KY		1.2 NAME	- 1	☐ Change [Addition E	
TŢĻĘ	TO VICE IVI		14 CITY (T ADDRESS		8	
AME		C. DELE	TE 2.1 TITLE) <u>ii</u>	
TREET ADDRI	ESS		2.2 NAME	}	Change C	Addition	
TY-ST-ZIP TLE			2.3 STREET		i .		
ME		[] DELET	2.4 CITY-S	T-ZIP	! 	} ;	
REET ADDRES	SS		3.1 TITLE 3.2 NAME		По-		
Y-ST-ZIP			3.3 STREET	ADDDECC	☐ Change ☐	Addition	
LE			3.4. CITY-ST	,			
IE F		☐ DELETE	4.1 TITLE				
EET ADDRES! '-ST-ZIP	SI		4. 2 NAME		☐ Change ☐	Addition	
-01-217	 	 -	4.3 STREET A	í			
		☐ DELETE	4.4 CITY-ST-2	IP			
T ADDRESS			5.2 NAME		☐ Change ☐ A	of distance	
ST-ZIP			5.3 STREET AD	DRESS	Grieninge [_] A	Addition	
		[] DELET-	5.4 CITY-ST-ZI	-			
TADDRESS		☐ DELETE	6.1 TITLE				
T-ZIP			6.2 NAME		☐ Change ☐ Ad	idition :	
	ertify that the information supplied v		6.3 STREET ADD	RESS			
idicated o	n this annual report or supplied v	vith this filing does not qualify 6	6.4 CITY-ST-ZIP	_ 1		1 .	

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 dicated 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 lock 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. SINATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

500 1101 21120