FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05834 (7)

1. Corporation Name
JOHN F. JORDAN SERVICE CO., INC.

Principal Place of Business	Mailing Address
2820 S. ENGLISH STATION ROAD P O BOX 99535 LOUISVILLE KY 40299	2820 S. ENGLISH STATION ROAD P O BOX 99535 LOUISVILLE KY 40299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1985
3a. Date of Last Report: 08/09/1994
4. FEI Number: 61-0973627 — 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 has liability for intangible tax under S. 199.032 Florida Statutes: [X] Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip 40269 — 25 Country	29 Zip 40269 — 30 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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

12. OFFICERS AND DIRECTORS

Field	Officer/Director
TITLE	VPD
NAME	JORDAN, JOHN F. SR.
STREET ADDRESS	3508 WILDERNESS TRAIL
CITY-ST-ZIP	LOUISVILLE KY
TITLE	VPSD
NAME	JORDAN, JOHN
STREET ADDRESS	4605 DOE SPRING CT.
CITY-ST-ZIP	LOUISVILLE KY
TITLE	PD
NAME	JORDAN, MARK A.
STREET ADDRESS	9825 TIVERTON WAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	VPTS
NAME	JORDAN, PAUL D.
STREET ADDRESS	418 KAELIN DR
CITY-ST-ZIP	LOUISVILLE KY
TITLE	D
NAME	JORDAN, NANCY L
STREET ADDRESS	3508 WILDERNESS TRAIL
CITY-ST-ZIP	LOUISVILLE KY
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — ☐ Change ☐ Addition

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)(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.

SIGNATURE: [signature] 6/30/95

SIGNATURE AND TITLE OF OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0476159 FP