

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

CORPORATION
ANNUAL REPORT
1995



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

FILED

95 FEB 17 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P10184** (0)
1. Corporation Name
THE LIBERTY NATIONAL LEASING COMPANY

DO NOT WRITE IN THIS SPACE.

Principal Place of Business		Mailing Address	
416 WEST JEFFERSON ST. LOUISVILLE KY 40202		416 WEST JEFFERSON ST. LOUISVILLE KY 40202	
21	2a	22	2b
Suite, Apt. #, etc.	Suite, Apt. #, etc.	City & State	City & State
23	24	25	26
Zip	Country	Zip	Country

3. Date Incorporated or Qualified 05/22/1986	3a. Date of Last Report 02/18/1994
4. FEI Number 13-2693760	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHWAB, HUGH M., III
STREET ADDRESS	416 W. JEFFERSON ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	V
NAME	SHAPIRO, STEVEN
STREET ADDRESS	416 W. JEFFERSON ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	S
NAME	ARTERBERRY, KATHRYN R
STREET ADDRESS	416 W. JEFFERSON ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	T
NAME	WEIGEL, CARL
STREET ADDRESS	416 W. JEFFERSON ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	S
NAME	HENDERSON, ROBERT W. (AST)
STREET ADDRESS	416 W. JEFFERSON ST.
CITY - ST - ZIP	LOUISVILLE KY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>Remove from list. No longer an officer for the leasing company. No onchar been added to replace Mr. Shapiro</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - 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 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: *H.M.S.* **Hugh M. Shwab III** President 2/3/95 502-566-2246
(Print) (Typed Name)