

FOR-PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P18058 (8)

1. Corporation Name

CLIFTON PROPERTY, INC.



Principal Place of Business

225 NORTH CLIFTON AVENUE  
LOUISVILLE KY 40206

Mailing Address

225 NORTH CLIFTON AVENUE  
LOUISVILLE KY 40206

3. Date Incorporated or Qualified  
02/17/1988

3a. Date of Last Report  
03/24/1995

2. Principal Place of Business

21 2702 PAOLI PIKE

2a. Mailing Address

26 2702 PAOLI PIKE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 NEW ALBANY IN

City & State

28 NEW ALBANY IN

Zip

24 47150

Country

Zip

29 47150

Country

30

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 ☐ Yes ☒ No

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

FL 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PST  
NAME KESSLER, DONALD R. ☐ DELETE  
STREET ADDRESS 225 NORTH CLIFTON AVE.  
CITY-ST-ZIP LOUISVILLE KY

TITLE D  
NAME KESSLER, DONALD R. ☐ DELETE  
STREET ADDRESS 225 NORTH CLIFTON AVE.  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME DANIEL R. KESSLER  
1.3 STREET ADDRESS 2702 PAOLI PIKE  
1.4 CITY-ST-ZIP NEW ALBANY, IN 47150

2.1 TITLE Director ☒ Change ☐ Addition  
2.2 NAME DANIEL R. KESSLER  
2.3 STREET ADDRESS 2702 PAOLI PIKE  
2.4 CITY-ST-ZIP NEW ALBANY, IN 47150

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (812) 945-9224

Date

Daytime Phone #

CR2E034 (12/95)