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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 19 AM 10:24

DOCUMENT # P20803 (3)

1. Corporation Name
AAPER ALCOHOL AND CHEMICAL CO.

Principal Place of Business	Mailing Address
1101 ISAAC SHELBY DR SHELBYVILLE KY 40065 US	1101 ISAAC SHELBY DR SHELBYVILLE KY 40065 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/08/1988
3a. Date of Last Report: 01/27/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 61-0960135 ☐ 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 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GREGORY, MICHAEL
5605 S. WESTSHORE BLVD.
TAMPA FL 33616

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CBD	1.1 TITLE	☐ Change ☒ Addition	
NAME	HOFFMANN, PAUL J.	1.2 NAME		
STREET ADDRESS	1180 JOHNSON ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP		40245
TITLE	VD	2.1 TITLE	☐ Change ☒ Addition	
NAME	CONN, HAMILTON C.	2.2 NAME		
STREET ADDRESS	932 BURNING SPRINGS CIRCLE	2.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP		40223
TITLE	P	3.1 TITLE	☐ Change ☒ Addition	
NAME	HUBER, AMY J.	3.2 NAME		
STREET ADDRESS	15022 BIRCHAM RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP		40245
TITLE	D	4.1 TITLE	☐ Change ☒ Addition	
NAME	HOFFMANN, ALVINA J.	4.2 NAME		
STREET ADDRESS	706 CADOGAN CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP		40222
TITLE	ST	5.1 TITLE	☐ Change ☒ Addition	
NAME	MATHEW, T. C	5.2 NAME		
STREET ADDRESS	4521 WOLF CREEK PKWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP		40241
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Hamilton C. Conn HAMILTON C. CONN 1-9-95 502-633-0650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone EXT 202

0487000 FN