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FILED

Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P20803 (3)

1. Corporation Name  
AAPER ALCOHOL AND CHEMICAL CO.

Principal Place of Business

1101 ISAAC SHELBY DR  
SHELBYVILLE KY 40065  
US

Mailing Address

1101 ISAAC SHELBY DR  
SHELBYVILLE KY 40065-9128  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

09/08/1988

3a. Date of Last Report

05/29/1996

4. FEI Number

61-0960135

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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  
5805 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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CBD ☐ DELETE  
NAME HOFFMANN, PAUL J.  
STREET ADDRESS 1180 JOHNSON ROAD  
CITY-ST-ZIP LOUISVILLE KY

TITLE VD ☐ DELETE  
NAME CONN, HAMILTON C.  
STREET ADDRESS 609 BEDFORDSHIRE RD  
CITY-ST-ZIP LOUISVILLE KY

TITLE P ☐ DELETE  
NAME HUBER, AMY J.  
STREET ADDRESS 15022 BIRCHAM RD.  
CITY-ST-ZIP LOUISVILLE KY

TITLE D ☐ DELETE  
NAME HOFFMANN, ALVINA J.  
STREET ADDRESS 706 CADOGAN CT.  
CITY-ST-ZIP LOUISVILLE KY

TITLE ST ☐ DELETE  
NAME MATHEW, T. C  
STREET ADDRESS 4521 WOLF CREEK PKWY  
CITY-ST-ZIP LOUISVILLE KY

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 40245

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 40222

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP 40245

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 40222

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP 40241

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 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

1-7-97 502-633-0650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 408.202

CR2E034 (9/96)