

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/08/1988

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREGORY, MICHAEL
5805 S. WESTSHORE BLVD.
TAMPA FL 33616

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

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

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

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

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
8905 AYRSHIRE
☐ Change ☒ Addition
40222

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
☐ Change ☐ Addition

14. I 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:

H. C. Conn, V.P.

H. C. Conn, V.P.

1-13-98

502-633-0650

EXT 202

CR2E034 (10/97)