

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra S. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 2:01

DOCUMENT # P25180 (1)

1. Corporation Name

MID-AMERICA MONEY ORDER COMPANY

Principal Place of Business

500 WEST BROADWAY
LOUISVILLE KY 40202

Mailing Address

500 WEST BROADWAY
LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/10/1989

3a. Date of Last Report

04/11/1994

4. FEI Number

61-1156443

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

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 1014 applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FUDOLD, WALLACE
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	VD
NAME	LAMAR, DONALD
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	T
NAME	SMALL, STEVEN
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	S
NAME	SACHS, ROBERT
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	DT
NAME	STOKE, SHEILA
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY
TITLE	AT
NAME	DOHRMAN, MARK
STREET ADDRESS	500 W BROADWAY
CITY-ST-ZIP	LOUISVILLE KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	☒ Change ☐ Addition
1.2 NAME	Don Lamar	
1.3 STREET ADDRESS	500 W. Broadway	
1.4 CITY-ST-ZIP	Louisville Ky 40202	
2.1 TITLE	Vice-President	☒ Change ☐ Addition
2.2 NAME	Paul Wright	
2.3 STREET ADDRESS	500 W. Broadway	
2.4 CITY-ST-ZIP	Louisville Ky 40202	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Orson Oliver	
3.3 STREET ADDRESS	500 W. Broadway	
3.4 CITY-ST-ZIP	Louisville Ky 40202	
4.1 TITLE	Officer	☐ Change ☒ Addition
4.2 NAME	Karl Ledbetter	
4.3 STREET ADDRESS	500 W. Broadway	
4.4 CITY-ST-ZIP	Louisville Ky 40202	
5.1 TITLE	Director & Asst. Treasurer	☒ Change ☐ Addition
5.2 NAME	Sheila Stoke	
5.3 STREET ADDRESS	500 W. Broadway	
5.4 CITY-ST-ZIP	Louisville Ky 40202	
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 110.07(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, as changed, or on an attachment with an address.

SIGNATURE:

Sheila Stoke

SHEILA A. STOKE

ASSISTANT TREASURER

2-22-95

502-562-5830