FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P27517** **(2)**

1. Corporation Name

DANT CLAYTON CORPORATION

Principal Place of Business	Mailing Address
1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408	1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **12/29/1989**

3a. Date of Last Report: **01/23/1995**

4. FEI Number: **61-0947342** ☐ 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

HUTTON, TATE C., JR.
472 W. PALM VALLEY RD.
OVIEDO FL 32765

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, type or printed name, of registered agent and title, if applicable (Only the Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MERRICK, BRUCE C.		1.2 NAME		
STREET ADDRESS	3505 LOCUST COURT		1.3 STREET ADDRESS	103 Chipping Way	
CITY-ST-ZIP	PROSPECT KY		1.4 CITY-ST-ZIP	Louisville, KY 40222	
TITLE	V	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	GIFFEN, DAVID L.		2.2 NAME	Wolczyk, Jr., Aloysius F.	
STREET ADDRESS	WILLOW WOOD CIRCLE		2.3 STREET ADDRESS	4526 Dannywood Rd.	
CITY-ST-ZIP	LOUISVILLE KY		2.4 CITY-ST-ZIP	Louisville, KY 40220	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROLLER, PAM		3.2 NAME		
STREET ADDRESS	SEATONVILLE RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	HORNER, A M		4.2 NAME	Merrick, Bruce C.	
STREET ADDRESS	LUCAS LANE		4.3 STREET ADDRESS	103 Chipping Way	
CITY-ST-ZIP	LOUISVILLE KY		4.4 CITY-ST-ZIP	Louisville, KY 40222	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MERRICK, KENNETH L		5.2 NAME		
STREET ADDRESS	NEWMARKET DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE KY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Bruce Merrick Bruce C. Merrick 4-30-96 502-634-3626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #