

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27517** (2)
1. Corporation Name
DANT CLAYTON CORPORATION



Principal Place of Business 1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408	Mailing Address 1500 BERNHEIM LANE P.O. BOX 740008 LOUISVILLE KY 40201-7408
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DO NOT WRITE IN THIS SPACE

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 12/29/1989	3a. Date of Last Report 05/01/1996
				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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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

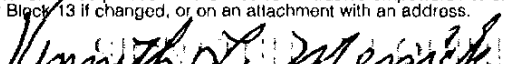
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE		1.1 TITLE	☒ Change ☐ Addition		
NAME	MERRICK, BRUCE C.			1.2 NAME			
STREET ADDRESS	103 CHIPPING WAY			1.3 STREET ADDRESS	13018 Surrey Road		
CITY-ST-ZIP	LOUISVILLE KY			1.4 CITY-ST-ZIP	Goshen, KY 40026		
TITLE	V	☐ DELETE		2.1 TITLE	☐ Change ☐ Addition		
NAME	WOLCZYK, JR ALOYSIUS F.			2.2 NAME			
STREET ADDRESS	4526 DANNYWOOD RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	LOUISVILLE KY			2.4 CITY-ST-ZIP			
TITLE	S	☐ DELETE		3.1 TITLE	☒ Change ☐ Addition		
NAME	ROLLER, PAM			3.2 NAME	Secretary		
STREET ADDRESS	SEATONVILLE RD.			3.3 STREET ADDRESS	Gutknecht, Sandra		
CITY-ST-ZIP	LOUISVILLE KY			3.4 CITY-ST-ZIP	1465 Highway 64 NE		
TITLE	T	☐ DELETE		4.1 TITLE	☒ Change ☐ Addition		
NAME	MERRICK, BRUCE C			4.2 NAME			
STREET ADDRESS	103 CHIPPING WAY			4.3 STREET ADDRESS	13018 Surrey Road		
CITY-ST-ZIP	LOUISVILLE KY			4.4 CITY-ST-ZIP	Goshen, KY 40026		
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			

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:  Kenneth L. Merrick 8/14/97 502-634-3626

CR2E034 (4/97)