

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90091 010 ***150.00

DOCUMENT # P28845

1. Corporation Name

FUNDING CORP. I

Principal Place of Business

C/O STATE INCOME TAX
PO BOX 14000
LEXINGTON KY 40512

Mailing Address

C/O STATE INCOME TAX
PO BOX 14000
LEXINGTON KY 40512

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/04/1990

4. FEI Number

61-1143983

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32201

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 PD ☐ DELETE
NAME HUFFMAN, DANIEL B.
STREET ADDRESS 1000 ASHLAND DR.
CITY-ST-ZIP RUSSELL KY

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

TITLE VPT ☐ DELETE
NAME MORMAN, RODNEY W.
STREET ADDRESS 1000 ASHLAND DR.
CITY-ST-ZIP RUSSELL KY

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

TITLE V ☒ DELETE
NAME DANSBY, JOHN W
STREET ADDRESS 280 BELLEFONTE CIR
CITY-ST-ZIP ASHLAND KY

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

TITLE AST ☐ DELETE
NAME PACE, M. R
STREET ADDRESS 3499 DABNEY DR
CITY-ST-ZIP LEXINGTON KY

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

TITLE V ☐ DELETE
NAME BIEHL, JOHN C
STREET ADDRESS 3499 DABNEY DR.
CITY-ST-ZIP LEXINGTON KY

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

TITLE VAS ☐ DELETE
NAME WALES, T. CODY
STREET ADDRESS 1000 ASHLAND DR.
CITY-ST-ZIP RUSSELL KY

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

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, with all other like empowered.

SIGNATURE:

Richard A. Jones
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard A. Jones 2/9/99

(606) 357-7484

Date

Daytime Phone #

CR2E034 (11/98)