

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 22 PM 4: 12

DOCUMENT # P36315

(0)

1. Corporation Name

DUPREE INVESTMENT ADVISERS, INC.

Principal Place of Business

**125 S MILL ST
THE VINE CENTER, SUITE 100
LEXINGTON KY 40507**

Mailing Address

**PO BOX 1149
LEXINGTON KY 40589-1149**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/05/1991

3a. Date of Last Report

03/21/1994

4. FEI Number

61-1099189

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

Fred L. Dupree, Jr.
Signature, typed or printed name of registered agent and agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

March 3, 1995
DATE

12. OFFICERS AND DIRECTORS

TITLE **CDP**
NAME **DUPREE, THOMAS P.**
STREET ADDRESS **125 S MILL ST, #100**
CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE **VD**
NAME **DUPREE, FRED L, JR.**
STREET ADDRESS **125 S MILL ST, #100**
CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE **VST**
NAME **DUPREE, FRED L, JR.**
STREET ADDRESS **125 S MILL ST, #100**
CITY-ST-ZIP **LEXINGTON KY 40507**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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 119.07(3)(k), Florida Statutes. I further certify that the information included 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

Fred L. Dupree, Jr.
Signature and typed or printed name of signing officer or director

Date

March 3, 1995

(604)

254-7741