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 # **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

3. Date Incorporated or Qualified: **11/05/1991**
3a. Date of Last Report: **03/22/1995**

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 [X] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 607.0505 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: [illegible] DATE:

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St. Zip	Delete
CDP	DUPREE, THOMAS P.	125 S MILL ST, #100	LEXINGTON KY 40507	[ ]
VD	DUPREE, FRED L., JR.	125 S MILL ST, #100	LEXINGTON KY 40507	[ ]
VST	DUPREE, FRED L., JR.	125 S MILL ST, #100	LEXINGTON KY 40507	[ ]
				[ ]
				[ ]
				[ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

Title	Name	Street Address	City, St. Zip	Change	Addition
11	12	13	14	[ ]	[ ]
21	22	23	24	[ ]	[ ]
31	32	33	34	[ ]	[ ]
41	42	43	44	[ ]	[ ]
51	52	53	54	[ ]	[ ]
61	62	63	64	[ ]	[ ]

14. I declare to the best of my knowledge and belief, 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 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 trustee 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 is added in the format with an addition.

SIGNATURE: ✓ [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.21.96
Date

606 254 7741
Daytime Phone #

CR2E034 (12/95)