SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

APPROVED AND FILED
96 SEP -4 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P39965** **(9)**

1. Corporation Name
HENRY VOGT MACHINE CO.

Principal Place of Business
P.O. BOX 1918
LOUISVILLE KY 40201-1918

Mailing Address
P.O. BOX 1918
LOUISVILLE KY 40201-1918

3. Date Incorporated or Qualified: **07/27/1992**
3a. Date of Last Report: **04/13/1995**

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

4. FEI Number: **61-0371750** 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
C T 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 607.0502 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) of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COB ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HEUSER, HENRY V., Jr.	1.2 NAME	400001949224
STREET ADDRESS	1000 W. ORMSBY AVE	1.3 STREET ADDRESS	-09/17/96--01110--006
CITY-ST-ZIP	LOUISVILLE KY	1.4 CITY-ST-ZIP	****375.00 ****375.00
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHLEGEL, LELAND D., Jr.	2.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	2.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WHITE DAVID G.	3.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	3.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CULVER, MARGARET S.	4.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	4.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	OYLER, W. KENT	5.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	5.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CAMPBELL, ROBERT S.	6.2 NAME	
STREET ADDRESS	1000 W. ORMSBY AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY	6.4 CITY-ST-ZIP	

JR 9/12

CR2E034 (3/96)

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 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: Margaret S. Culver Margaret S. Culver, Corporate Secretary 8/29/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date
502/635-3233