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Mar 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P39965 (9)
1. Corporation Name
HENRY VOGT MACHINE CO.



Principal Place of Business Mailing Address
P.O. BOX 1818 P.O. BOX 1818
LOUISVILLE KY 40201-1918 LOUISVILLE KY 40201-1918

3. Date Incorporated or Qualified 07/27/1992 3a. Date of Last Report 09/04/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE COB ☐ DELETE
NAME HEUSER, HENRY V.
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY
TITLE VD ☐ DELETE
NAME SCHLEGEL, LELAND D. J
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY
TITLE VD ☒ DELETE
NAME WHITE DAVID G.
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY
TITLE SD ☐ DELETE
NAME CULVER, MARGARET S.
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY
TITLE V ☐ DELETE
NAME OYLER, W. KENT
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY
TITLE P ☐ DELETE
NAME CAMPBELL, ROBERT S.
STREET ADDRESS 1000 W. ORMSBY AVE
CITY, ST, ZIP LOUISVILLE KY

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margaret S. Culver, Secretary

Date

Daytime Phone

0477802

CR2E034 (9/96)