

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
 95 JAN 31 PM 2:20

**DOCUMENT # F93000000144 (6)**  
 1. Corporation Name  
**KERR-GREULICH ENGINEERS, INC.**

Principal Place of Business *BROCK & ASSOC. 1900 BISHOP LN. #400 LOUISVILLE KY 40218	Mailing Address *BROCK & ASSOC. 1900 BISHOP LN. #400 LOUISVILLE KY 40218
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 <b>1534 Ormsley Station Ct</b>	2a. Mailing Address 26 <b>P.O. Box 24312</b>
Suite, Apt. #, etc. 22 <b>LOUISVILLE</b>	Suite, Apt. #, etc. 27 <b>LOUISVILLE</b>
City & State 23 <b>KENTUCKY</b>	City & State 28 <b>KENTUCKY</b>
Zip 24 <b>40222</b>	Country 25 <b>USA</b>
Zip 29 <b>40224</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>01/07/1993</b>	3a. Date of Last Report <b>02/02/1994</b>
4. FEI Number <b>61-1184297</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))

12. OFFICERS AND DIRECTORS

TITLE	<b>PCD</b>
NAME	<b>GREULICH, DONALD J</b>
STREET ADDRESS	<b>8909 LINN STATION RD.</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>
TITLE	<b>V</b>
NAME	<b>KIDWELL, S</b>
STREET ADDRESS	<b>5713 BLUEBERRY DR.</b>
CITY-ST-ZIP	<b>CRESTWOOD KY 40014</b>
TITLE	<b>V</b>
NAME	<b>GREULICH, DAVID</b>
STREET ADDRESS	<b>5509 DAYRIDGE RD.</b>
CITY-ST-ZIP	<b>CINCINNATI OH</b>
TITLE	<b>S</b>
NAME	<b>SETLIFFE, D S</b>
STREET ADDRESS	<b>2107 GATEWAY CT.</b>
CITY-ST-ZIP	<b>LOUISVILLE KY 40299</b>
TITLE	<b>TD</b>
NAME	<b>GREULICH, JENNIFER W</b>
STREET ADDRESS	<b>8909 LINN STATION RD.</b>
CITY-ST-ZIP	<b>LOUISVILLE KY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions stated in Section 119.07(3)(b), 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, Block 13 if correct, or as an attachment with an address.

SIGNATURE:  DATE: **1/20/95** (Typed Name) **502-426-9457**