FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 AM 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000092974 (2)**

1. Corporation Name
HONTOON MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
332 WEST BROADWAY LOUISVILLE KY 40202	332 WEST BROADWAY LOUISVILLE KY 40202

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 332 West Broadway	26 332 West Broadway
Suite, Apt. #, etc. 22 Suite 1606 Heyburn Bldg.	Suite, Apt. #, etc. 27 Suite 1606 Heyburn Bldg.
City & State 23 Louisville, KY	City & State 28 Louisville, KY
Zip / Country 24 40202 / 25 USA	Zip / Country 29 40202 / 30 USA

4. FEI Number: 59-3300068 ☐ 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

LAUER, WILLIAM G
1366 VALHALLA STREET
DELTONA FL 32725

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, MICHAEL R	1.2 NAME	
STREET ADDRESS	506 E PENNSYLVANIA AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELAND FL 32724	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	CARTER, GARY L	2.2 NAME	
STREET ADDRESS	P O BOX 668	2.3 STREET ADDRESS	
CITY-ST-ZIP	MONTICELLO KY 42633	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JERRY L	3.2 NAME	
STREET ADDRESS	1013 BURNING SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40223	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	MOTSCH, WILLIAM A	4.2 NAME	
STREET ADDRESS	5400 RANDOM WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40291	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: William A Motsch 3-20-95 502/589-5908
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William A. Motsch, Director

0004190 FN