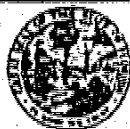


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

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

**332 WEST BROADWAY
LOUISVILLE KY 40202**

Mailing Address

**332 WEST BROADWAY
LOUISVILLE KY 40202**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

12/22/1994

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

2. Principal Place of Business

2a. Mailing Address

21 332 West Broadway

26 332 West Broadway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 1606 Heyburn Bldg.

27 Suite 1606 Heyburn Bldg.

City & State

City & State

23 Louisville, KY

28 Louisville, KY

Zip

Country

Zip

Country

24 40202

25 USA

29 40202

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAUER, WILLIAM G
1366 VALHALLA STREET
DELTONA FL 32725**

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **BAKER, MICHAEL R**
STREET ADDRESS **506 E PENNSYLVANIA AVE**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **D**
NAME **CARTER, GARY L**
STREET ADDRESS **P O BOX 668**
CITY-ST-ZIP **MONTICELLO KY 42633**

TITLE **D**
NAME **SCOTT, JERRY L**
STREET ADDRESS **1013 BURNING SPRINGS DR**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE **D**
NAME **MOTSCH, WILLIAM A**
STREET ADDRESS **5400 RANDOM WAY**
CITY-ST-ZIP **LOUISVILLE KY 40291**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William A. Motsch, Director

3-20-95

502/589-5908