

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 05, 1999 8:00am  
Secretary of State

02-05-1999 90004 020 \*\*\*\*150.00

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1. Corporation Name

HONTOON MANAGEMENT CORPORATION

Principal Place of Business

332 WEST BROADWAY  
STE. 1606 HEYBURN BLDG.  
LOUISVILLE KY 40202  
US

Mailing Address

332 WEST BROADWAY  
STE 1606 HEYBURN BLDG  
LOUISVILLE KY 40202  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

DIANA E GOULD  
1771 FOELKER ROAD  
DELAND FL 32724

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

I, 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

2. OFFICERS AND DIRECTORS

1. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
CARTER, GARY L  
P.O. BOX 666 N/A  
MONTICELLO KY 42633  
☐ DELETE

2. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
SCOTT, JERRY L  
1013 BURNING SPRINGS DR  
LOUISVILLE KY 40223  
☐ DELETE

3. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
MOTSCH, WILLIAM A  
5400 RANDOM WAY  
LOUISVILLE KY 40291  
☐ DELETE

4. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
P.O. BOX 666 N/A  
MONTICELLO KY 42633  
☐ DELETE

5. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
P.O. BOX 666 N/A  
MONTICELLO KY 42633  
☐ DELETE

6. TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP  
D  
P.O. BOX 666 N/A  
MONTICELLO KY 42633  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP  
☐ Change ☐ Addition

I 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)