

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

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90017 010 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 841895**  
 1. Corporation Name  
**FLORENCE & HUTCHESON, INC.**



Principal Place of Business P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH KY 42002-7267	Mailing Address P.O. BOX 7267 2550 IRVIN COBB DR. PADUCAH KY 42002-7267
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/22/1978**

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

4. FEI Number <b>61-0648608</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 owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GLUNT, MILTON**  
**9753 S. ORANGE BLOSSOM TRAIL**  
**ORLANDO, FL L 32821**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UPSHAW, WAYNE S	1.2 NAME	
STREET ADDRESS	2550 IRVIN COBB DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	PADUCAH KY	1.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOY, ROBERT A	2.2 NAME	Hughes, Jerry, D.
STREET ADDRESS	2230 DEVINE ST	2.3 STREET ADDRESS	Suite 230 1231 Murfreesboro Road
CITY-ST-ZIP	COLUMBIA SC	2.4 CITY-ST-ZIP	Nashville, TN 37217
TITLE	SV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUNT, BEN G	3.2 NAME	
STREET ADDRESS	2550 IRVIN COBB DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PADUCAH KY	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS, SUZANNE	4.2 NAME	
STREET ADDRESS	2550 IRVIN COBB DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PADUCAH KY	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, JR ROBERT L	5.2 NAME	
STREET ADDRESS	2700 MIDDLEBURG DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBIA SC 29204	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THACHER DAN	6.2 NAME	
STREET ADDRESS	2550 IRVIN COBB DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PADUCAH KY 42003	6.4 CITY-ST-ZIP	

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CITY-ST-ZIP	PADUCAH KY 42003	6.4 CITY-ST-ZIP	

14. 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: Suzanne Sanders Suzanne Sanders, Treasurer Jan. 18, 1999 502/444-969:  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)