

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002601 (2)**

1. Corporation Name
ASHLAND OIL, INC.



Principal Place of Business: **1000 ASHLAND DR. RUSSELL KY 41169**
Mailing Address: **1000 ASHLAND DR. RUSSELL KY 41169**

3. Date Incorporated or Qualified: **05/18/1994**
3a. Date of Last Report: **03/31/1995**
4. FEI Number: **61-1260511**
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: [21] State, Apt. #, etc. [22] City & State. [23] Zip. [24] Country.
2a. Mailing Address: [26] P.O. Box 14000. [27] City & State. [28] Lexington, KY. [29] Zip 40512. [30] Country US.

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM, 1311 EXECUTIVE CENTER DRIVE, SUITE 1311, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent: [81] Name: **C.T. Corporation System**; [82] Street Address: **660 East Jefferson Street**; [83] City: **Tallahassee**; [84] State: **FL**; [85] Zip Code: **32301**

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. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME: DAS FOSS, LINDA L	<input type="checkbox"/> DELETE	11. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: _____	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: _____	
11. NAME: DS GABBARD, TERESA F	<input type="checkbox"/> DELETE	11. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: _____	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: _____	
11. NAME: DP HAUSRATH, DAVID L	<input type="checkbox"/> DELETE	11. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: _____	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: _____	
11. NAME: V DANSBY, JOHN W	<input type="checkbox"/> DELETE	11. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: _____	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: _____	
11. NAME: T HUFFMAN, DANIEL B	<input type="checkbox"/> DELETE	11. NAME: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: _____	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: _____	
11. NAME: AS FOSS, LINDA L	<input checked="" type="checkbox"/> DELETE	11. NAME: Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11. STREET ADDRESS: 1000 ASHLAND DR. RUSSELL KY 41169		11. STREET ADDRESS: Ellis, Charles D.	
11. CITY-STATE-ZIP: RUSSELL KY 41169		11. CITY-STATE-ZIP: 3499 Dabney Drive	
		11. CITY-STATE-ZIP: Lexington, KY 40509	

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: *Charles D. Ellis* 1-24-96 606/357-7681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)