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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

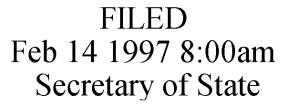
DOCUMENT # F9400002601 (2)

ASHLAND OIL, INC.

Principal Place of Business Mailing Address

1000 ASHLAND DR. RUSSELL KY 41169 P.O. BOX 14000

LEXINGTON KY 40512-4000



3a. Date of Last Report

02/09/1996



3. Date Incorporated or Qualified

05/18/1994

6 D.'	N I F) (0-11-1-1					
	lace of Business	2a. Mailing Address		4. FEI Number	·	pplied For	
Suite Ant # etc		26		61-1260511		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	+	\$8.75 Additional Fee Required	
City & Stal	e	City & State	y & State		6. Election Campaign Financing	\$5.00	May Be
23 28							to Fees
Zφ	Country	Zip	Zip Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30				Florida Statutes Yes 🔀 No			
	9. Name and Address of Curren	t Registered Agent	81		10. Name and Address of New Regis	tered Agent	
CT CORPORATION SYSTEM				Name			
680 EAST JEFFERSON STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301				on our readings (r.o. por realists to reserve options)			
			83				
			84	City	<u> </u>		Confo
			64	City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the above	e-named corp	coration submits this statement for the purption's board of directors. I hereby accept the	ose of changing if	ts registered
office or r	egistered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was a stions of Section 607 0505. Flo	authorized by orida Statutes	the corporat	tion's board of directors. I hereby accept the	ne appointment as	registered
-	and about the bullet		onou bratato				
SIGNATURE.	Signature, typed or punted name of registered age	nt and titi∈ if applicable (NOT	E: Registered Age	int algnature requi	red when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1:1Lf	DAS	☐ DELETE	1.1 TITLE			Change	RS IN 12 Addition
NAME	FOSS, LINDA L		: 1.2 NAME				[-
STREET ADDRESS	1000 ASHLAND DR.		1.3 STREET	ADDRESS			
CITY-ST-ZIP	RUSSELL KY 41169		1.4 CITY - S	T-ZIP			
1/TLE	DS	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	GABBARD, TERESA F		2.2 NAME				
STREET ADDRESS	1000 ASHLAND DR.		2.3 SYREET	ADDRESS			
CHTY-ST-ZIP	RUSSELL KY 41169		2. 4 CITY-				
TITLE	DP	DELETE	3.1 TITLE		<u>''a</u>	☐ Change	Addition
NAME	HAUSRATH, DAVID L		3.2 NAME			_ •	_
STREET ADDRESS	1000 ASHLAND DR.		3.3 STREET	ADDRESS			
CITY-ST-ZIP	RUSSELL KY 41169		3.4. CITY - 1	- 1			
TITLE	V	DELETE	4.1 T(TLE	,, 211		Change	Addition
NAME	DANSBY, JOHN W		4. 2 NAME				
STREET ADDRESS	1000 ASHLAND DR.		4.3 STREET	ADDRESS			
CITY-ST-ZIP	RUSSELL KY 41169		4.4 CITY - S				
TITLE	T	DELETE	5.1 TITLE	1-411		Change	Addition
NAME	HUFFMAN, DANIEL B		5.2 NAME	İ			
STREET ADDRESS	1000 ASHLAND DR.		5.3 STREET	*DDBECC			
CITY-ST-ZIP	RUSSELL KY 41169						
TITLE	AT	DELETE	5.4 CITY - S 6.1 TITLE	1- £IF	***************************************	Change	Addition
NAME	ELLIS, CHARLES D	Land Officia	6.2 NAME			டு வள்கு	radition
	3499 DABNEY DRIVE			1000000			
STREET ADDRESS			6.3 STREET				
CHY-ST-ZIP	LEXINGTON KY 40509	d with this filing does got	6.4 CITY-S		d in Coation 110 07(0)(% Fig. Id- Coation 1	£	Al-
informatic	by certify that the information supplied to indicated on this annual report or s	ı with this tiling does not qualit upplemental appual report is t	ry for the exe	mption stated	d in Section 119.07(3)(i), Florida Statutes. I	turther certify that	the

4. I do 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.

SIGNATURE:

COLUMNICATION

2-5-97

606/357-7681

Daytime Phone #