COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT

(See Reverse Side for Filing instructions)

				(4) FILING FEE
RECORD#	0056413	DUE JUNE 30,	1996	15.00
THF 437	RPORATE NAME AND PRINCIPA D. COMPANY RAWER L RT, KY. 40607	L OFFICE ADDRESS:		(5) STATE OR COUNTRY OF INCORPORATION
				КҮ
(2) FRINCIPAL C	OFFICE ADDRES() IS HEREBY CHAN	GED TO: SEP 18	1996 A	(6) DATE OF INCORPORATION OR UTHORIZATION TO TRANSACT BUSINESS
(3) REGISTERE	AGENT AND REGISTERED OFFICE	ADDRESS:	(7) PLEASE MAIL	. A STATEMENT OF CHANGE FORM TO:
410 ANN				
FRANCED	RT, KY. 40601			
-	the registered agent or registered office can See Filing instructions on reverse side TYPE OR PRINT THE NAMES AND E		IE CORPORATION'S	CURRENT PRINCIPAL OFFICERS.
PRESIDENT	Clinton Don Wood	Decea	sed March 9,	1996
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Farmers Bank & Capita Trustee, Estate of C.	al Trust Company Linton Don Wood	Rickey D. Har	p, acting president
TREASURER				
	PLEASE TYPE OR PRINT THE NAME to be listed. No listing of directors is verificate Filing Instructions on reverse side.	AES AND BUSINESS ADDRES attent that the corporation has dispense	SES OF THE CORPO	DRATION'S DIRECTORS. ectors. Non-profit corporations must list three (3)
I VERIFY THAT IN	NFORMATION IN THIS ANNUAL REP	ORT IS CURRENT AS OF THE	DATE THIS REPORT	I IS EXECUTED.
AUTHORIZED SIG	Di dia A			DATE 9/14/96
addresses of all si	nareholders of the professional service CERTIFICA lent of said corporation, do certify that a ry and treasurer of the professional sen	In addition to the annual report of corporation and the president slate of PROFESSIONAL SERVall of the shareholders, not less trice corporation are duly qualifie	ontent requirement, the nail sign the certificate ICE CORPORATION than one half of the did as provided in KRS	here shall be included a list of names and e below. I irectors, and ail officers other than Chapter 274 and a copy of such annual
report has been filed with the regulating board that licenses the shareholders described in this statement. PRESIDENT'S SIGNATURE				