## SECRETARY OF STATE'S ANNUAL VERIFICATION REPORT

Due June 30 - (Corporations must file by this date to avoid bad standing status)

RECORD #	61748	D	UE: Juae 30,	1990	FILING FEE:	15.00	
(I) EXACT	CORPORATE NAME AND P	RINCIPAL OFFICE ADDR	ESS:			10 or \$5 is required mation listed in block	•
21 P.	MPKINS-BECKWITH. 60 MCCOYS BLVD. 0. BOX 2486 CKSONVILLE 33220				(3) STATE OF FLOR ID.	INCORPORATIO	N :
(2) CORRE	CTED PRINCIPAL OFFICE A	DDRESS ·			• •	INCORPORATION OF AUTHORITY : H=57	
(5) REGIST	FERED AGENT AND REGISTE	RED ADDRESS :	(5B) CC	PRECTED AGEN	NT OR AGENT'S	ADDRESS :	
AGENT MU corporations FILING MU I VERIFY T REPORT (A	T. CORP. SYSIEM MOME LIFE BLOG UISVILLE. KY. 4  ST VERIFY ACCEPTANCE GI add \$5 if changing block #5). ST BE MADE ON FORMS OB THAT THE RECORDS OF THE LL CORPORATIONS MUSE ED SIGNATURE	F NEW APPOINTMENT BY ANY CHANGE MADE TO FAINED FROM THIS OFF E SECRETARY OF STATE IGN ON AUTO-PAIZED S	D THE AGENTICE.  E ARE TRUE AGENTICATION TO THE	F OR AGENT'S A AND CORRECT A NE).	ODRESS AFTER AND I AM AUTH	THE ANNUAL R	PORT N THIS
I consent to s please sign be	erve as new registered agent for t clow.)	he corporation. Corporation	a's registered of	fice is identical to r	ny business addres		i agent,
AGENT S SI	GNATURE					(1.11.16.	
	LAD CAREFULLY Make the OF STATE, P. O. BOX 1150.				port form and cle	ick to BREMER EH	ALER,
names and bu	PE OR PRINT (The annual repositions address of the corporation a continuation sheet.	ort will not be accepted for fi n's directors and principal of	ling if this secti fficers. The line	on is not completed es below have been	f.) Annual reports provided for this	s must now also inclinformation. If nec	ude the cessary,
CHARLE	S R. CASON -	PRESIDENT	€.D.	Bex 2486	JACKSON	WILLS E	3320
FROFESSION	SEKWITH  SAL SERVICE CORPORATION  officers. (Authorized signature)	48 ONLY KRS 271.105 R	lequires the nan	ies and addresses o	of all shareholders	in addition to the di	rectors
Pursuant to K	RS 274,105, I the undersigned, be	eing President of the KRS Ch	iapter 274 corpo	eration, a profession	nal service corpora	tion, do hereby certi	ify that

all of the shareholders of the said corporation, not less than one half of the directors, and all officers other than secretary and treasurer, are duly qualified

AUTHORIZED SIGNATURE

as provided in Chapter 274. (Please use the lines above or attach continuation sheet.)