

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001907

FILED
Apr 30, 2009
Secretary of State

Entity Name: HINKLE CONTRACTING CORPORATION

Current Principal Place of Business:

395 NORTH MIDDLETOWN RD
PARIS, KY 40361

New Principal Place of Business:

395 NORTH MIDDLETOWN RD
PARIS, KY 40361 US

Current Mailing Address:

P O BOX 200
PARIS, KY 403620200

New Mailing Address:

P O BOX 200
PARIS, KY 403620200 US

FEI Number: 61-0725598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HINKLE, SALLY
Address: 601 NORTH MIDDLETOWN RD
City-St-Zip: PARIS, KY 40361

Title: CEO () Delete
Name: HINKLE, HENRY
Address: 333 CANE RIDGE RD
City-St-Zip: PARIS, KY 40361

Title: EVP () Delete
Name: CRESS, WILLIAM
Address: P O BOX 487
City-St-Zip: STANTON, KY 40380

Title: VPD () Delete
Name: HINKLE, THOMAS
Address: 1608 CLINTONVILLE RD
City-St-Zip: PARIS, KY 40361

Title: VPD () Delete
Name: BRANNOCK, THOMAS
Address: 116 DUNCAN AVE
City-St-Zip: PARIS, KY 40361

Title: VPD () Delete
Name: LEDFORD, RICHARD
Address: 2022 PARKLAND DR
City-St-Zip: SOMERSET, KY 42503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WILSON, GORDON
Address: 2003 WYNDAMERE DRIVE
City-St-Zip: PARIS, KY 40361

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BRANNOCK

VPD

04/30/2009

Electronic Signature of Signing Officer or Director

Date