# 2005 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

DOCUMENT # M99000000419

1. Entity Name
CLAY-INGELS CO., LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 914 DELAWARE AVENUE | P O BOX 2120 |
| LEXINGTON, KY 40505 | LEXINGTON, KY 40588 |

## DO NOT WRITE IN THIS SPACE

07072005 No Chg - LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 61-0506067 | Not Applicable |

5. Certificate of Status Desired ☐     **$5.00** Additional Fee Required

### 6. Name and Address of Current Registered Agent

BADGER, WILLIAM E
2161 MCCOY BLVD
JACKSONVILLE, FL 32204

## DO NOT WRITE
## IN THIS SPACE

8. 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   I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable        (NOTE. Registered Agent signature required when reinstating)                DATE

**Filing Fee is $50.00**
**Due by September 7, 2005**

### 9.                    MANAGING MEMBERS / MANAGERS

| | | |
|---|---|---|
| TITLE | MGR | |
| NAME | CHAPMAN, WILLIAM S JR | |
| STREET ADDRESS | 1625 LAKEWOOD DRIVE | |
| CITY-ST-ZIP | LEXINGTON, KY 40502 | |
| TITLE | MGR | |
| NAME | GIVENS, AMBROSE W JR | U00000376904 |
| STREET ADDRESS | P O BOX 2247 | 08/22/05-80007-013 50.00 |
| CITY-ST-ZIP | JACKSONVILLE, FL 32203 | |
| TITLE | MGR | |
| NAME | NICOL, BRUCE R M,D, | |
| STREET ADDRESS | 1821 DELONG ROAD | |
| CITY-ST-ZIP | LEXINGTON, KY 40515 | **DO NOT WRITE** |
| TITLE | MGR | |
| NAME | GRIFFIN, JAMES E | **IN THIS SPACE** |
| STREET ADDRESS | P O BOX 2120 | |
| CITY-ST-ZIP | LEXINGTON, KY 40588 | |
| TITLE | MGR | |
| NAME | BADGER, WILLIAM E | |
| STREET ADDRESS | 4829 ORTEGA FOREST DRIVE | |
| CITY-ST-ZIP | JACKSONVILLE, FL 32210 | |
| TITLE | MGR | |
| NAME | ROMAINE, DOUGLAS P | |
| STREET ADDRESS | 300 W VINE STREET #2100 | |
| CITY-ST-ZIP | LEXINGTON, KY 405071801 | |

11. I 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _William S. Chapman_        7-8-5

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #