

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # M99000000419

1. Entity Name  
CLAY-INGELS CO., LLC



Principal Place of Business  
914 DELAWARE AVENUE  
LEXINGTON, KY 40505

Mailing Address  
P O BOX 2120  
LEXINGTON, KY 40588



01162008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
61-0506067

Applied For  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	CHAPMAN, WILLIAM S JR
STREET ADDRESS	4689 OLD FRANKFORT PIKE
CITY-ST-ZIP	LEXINGTON, KY 40510
TITLE	MGR
NAME	GIVENS, AMBROSE W JR
STREET ADDRESS	4436 MCGIRTS BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	MGR
NAME	NICOL, BRUCE R M,D.
STREET ADDRESS	1821 DELONG ROAD
CITY-ST-ZIP	LEXINGTON, KY 40515
TITLE	MGR
NAME	GRIFFIN, JAMES E
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

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/16/2008 (904)355-6651