

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000419

Entity Name: CLAY-INGELS CO., LLC

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

914 DELAWARE AVENUE  
LEXINGTON, KY 40505

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2120  
LEXINGTON, KY 40588

**New Mailing Address:**

FEI Number: 61-0506067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BADGER, WILLIAM E  
2161 MCCOYS CREEK BLVD  
JACKSONVILLE, FL 32204 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CHAPMAN, WILLIAM S JR  
Address: 4689 OLD FRANKFORT PIKE  
City-St-Zip: LEXINGTON, KY 40510

Title: MGR  
Name: GIVENS, AMBROSE W JR  
Address: 4436 MCGIRTS BLVD  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR  
Name: NICOL, BRUCE R M,D,  
Address: 1821 DELONG ROAD  
City-St-Zip: LEXINGTON, KY 40515

Title: MGR  
Name: GRIFFIN, JAMES E  
Address: P O BOX 2120  
City-St-Zip: LEXINGTON, KY 40588

Title: MGR  
Name: BADGER, WILLIAM E  
Address: 4829 ORTEGA FOREST DRIVE  
City-St-Zip: JACKSONVILLE, FL 32210

Title: MGR  
Name: ROMAINE, DOUGLAS P  
Address: 300 W VINE STREET #2100  
City-St-Zip: LEXINGTON, KY 405071801

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 E. BADGER

MRG

04/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date