FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 AM 11:30

DOCUMENT # **P14511** **(0)**

1. Corporation Name
CLAY-INGELS CO., INC.

Principal Place of Business	Mailing Address
914 DELAWARE AVENUE LEXINGTON KY 40505	914 DELAWARE AVENUE LEXINGTON KY 40505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/19/1987**
3a. Date of Last Report: **03/22/1994**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24:
Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29:
Country — 30:

4. FEI Number: **61-0506067** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BADGER, WILLIAM E.
2161 MCCOY BLVD.
JACKSONVILLE FL 32204

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	CHAPMAN, WILLIAM S. JR.	12 NAME		
STREET ADDRESS	914 DELAWARE AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	BROWN, SAMUEL K	22 NAME		
STREET ADDRESS	535 W 2ND ST	23 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GRIFFIN, JAMES E.	32 NAME		
STREET ADDRESS	914 DELAWARE AVENUE	33 STREET ADDRESS		
CITY ST ZIP	LEXINGTON KY	34 CITY ST ZIP		
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	BADGER, WILLIAM E.	42 NAME		
STREET ADDRESS	2161 MCCOY BLVD.	43 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	44 CITY ST ZIP		
TITLE	STD	51 TITLE		☐ Change ☐ Addition
NAME	GIVENS, AMBROSE W. JR.	52 NAME		
STREET ADDRESS	2161 MCCOY BLVD.	53 STREET ADDRESS		
CITY ST ZIP	JACKSONVILLE FL	54 CITY ST ZIP		
TITLE	STD	61 TITLE		☐ Change ☐ Addition
NAME	NICOL, BRUCE A.	62 NAME		
STREET ADDRESS	914 DELAWARE AVENUE	63 STREET ADDRESS		
CITY ST ZIP	LEXINGTON KY	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William S. Chapman Jr — March 14, 1995 — 6062520836
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
William S. Chapman, Jr

0470310 FP