

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE
Sandra E. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28599** (9)

1. Corporation Name
R. AND P. INDUSTRIAL CHIMNEY CO., INC.



Principal Place of Business Mailing Address
244 INDUSTRY PKWY. NICHOLASVILLE KY 40356 **244 INDUSTRY PKWY. NICHOLASVILLE KY 40356**

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified **03/22/1990** 3a. Date of Last Report **03/28/1995**
4. FLE Number **61-0846774** 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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 DATE: Registered Agent Signature required for change of office

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	President
NAME	RAWLINGS, ROBERT D.	12. NAME	Danny R. Preston
STREET ADDRESS	1455 CLEAR CREEK PIKE	13. STREET ADDRESS	125 Rose Hill Lane
CITY-STATE-ZIP	NICHOLASVILLE KY	14. CITY-STATE-ZIP	Harrodsburg, KY 40330
TITLE	VP	2. TITLE	Vice President
NAME	PRESTON, DAN	22. NAME	John J. Carty
STREET ADDRESS	124 ROSE HILL LANE	23. STREET ADDRESS	3543 Tates Creek Road
CITY-STATE-ZIP	HARRODSBURG KY	24. CITY-STATE-ZIP	Lexington, KY 40517
TITLE	ST	3. TITLE	Asst. Vice President
NAME	BILES, CAMILLA R	32. NAME	Robert J. Preston
STREET ADDRESS	3257 PEBBLELAKE DR	33. STREET ADDRESS	1010-13 Hancock Circle
CITY-STATE-ZIP	LEXINGTON KY	34. CITY-STATE-ZIP	Harrodsburg, KY 40330
TITLE		4. TITLE	Secretary
NAME		42. NAME	Linda M. McCoy
STREET ADDRESS		43. STREET ADDRESS	212 Chestnut Lane
CITY-STATE-ZIP		44. CITY-STATE-ZIP	Versailles, KY 40383
TITLE		5. TITLE	Treasurer
NAME		52. NAME	Kenneth R. Wade
STREET ADDRESS		53. STREET ADDRESS	10114 Bayport Road
CITY-STATE-ZIP		54. CITY-STATE-ZIP	Louisville, KY 40299
TITLE		6. TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(k), 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: *Linda M. McCoy* Linda M. McCoy 2/15/96 (606)887-2265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)

CR2E034 (12/95)