

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P28599 (9)
 1. Corporation Name
R. AND P. INDUSTRIAL CHIMNEY CO., INC.



Principal Place of Business 244 INDUSTRY PKWY. NICHOLASVILLE KY 40356	Mailing Address 244 INDUSTRY PKWY. NICHOLASVILLE KY 40356-9130
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 03/22/1990	3a. Date of Last Report 04/09/1996
21. Suite, Apt #, etc	26. Suite, Apt #, etc.	4. FEI Number 61-0846774	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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		85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)		FL	
83.			
84. City			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, DANNY R.	1.2 NAME	
STREET ADDRESS	125 ROSE HILL LANE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HARRODSBURG KY 40330	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTY, JOHN J	2.2 NAME	
STREET ADDRESS	3543 TATES CREEK ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON KY 40517	2.4 CITY - ST - ZIP	
TITLE	AVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, ROBERT J.	3.2 NAME	
STREET ADDRESS	1010-13 HANCOCK CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	HARRODSBURG KY 40330	3.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOY, LINDA M.	4.2 NAME	ERIN A. Hoffman
STREET ADDRESS	212 CHESTNUT LANE	4.3 STREET ADDRESS	1151 Stirling DR.
CITY - ST - ZIP	VERSAILLES KY 40383	4.4 CITY - ST - ZIP	Danville, KY 40422
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, KENNETH R	5.2 NAME	
STREET ADDRESS	10114 BAYPORT ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	LOUISVILLE KY 40299	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 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: *Kenneth R Wade* **REQUIRED** *4/30/97* *(606) 887-2265*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)