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**Apr 07 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/22/1990	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input 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	
				B1	Name
				B2	Street Address (P.O. Box Number is Not Acceptable)
				B3	
				B4	City
				FL	B5 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	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, DANNY R.	12 NAME	
STREET ADDRESS	125 ROSE HILL LANE	13 STREET ADDRESS	
CITY-ST-ZIP	HARRODSBURG KY 40330	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTY, JOHN J	22 NAME	
STREET ADDRESS	3543 TATES CREEK ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY 40517	24 CITY-ST-ZIP	
TITLE	AVP	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESTON, ROBERT J.	32 NAME	
STREET ADDRESS	1010-13 HANCOCK CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	HARRODSBURG KY 40330	34 CITY-ST-ZIP	
TITLE	S	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ERIN A.	42 NAME	
STREET ADDRESS	1151B STIRLING DR	43 STREET ADDRESS	
CITY-ST-ZIP	DANVILLE KY	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WADE, KENNETH R	52 NAME	
STREET ADDRESS	10114 BAYPORT ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	LOUISVILLE KY 40299	54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 is a true and correct copy of my signature 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.

ROBINSON, HUGHES & CHRISTOPHER, P.S.C.
DANVILLE, KENTUCKY

SIGNATURE: *Kenneth R Wade* **KENNETH R WADE** CONTROLLER **3/27/98** **606.887.2265**

CR2E034 (10/97)

61-084677
40423-0880