## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P28599** R. AND P. INDUSTRIAL CHIMNEY CO., INC. 04-30-2001 90119 012 \*\*\*150.00 Principal Place of Business Mailing Address 244 INDUSTRY PKWY. 244 INDUSTRY PKWY. ~~~ 4 T O O O NICHOLASVILLE KY 40356 NICHOLASVILLE KY 40356 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 61-0846774 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 8. 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 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:1 TITLE ☐ Delete TITLE Change Addition | NAME PRESTON, DANNY R. NAME STREET ADDRESS 265 PARADISE CAMP ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HARRODSBURG KY 40330 TITLE ☐ Delete Addition NAME CARTY, JOHN J NAME CARTY, JOHN J. 3943 BOSTON ROAD STREET ADDRESS 3543 TATES CREEK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40517** LEXINGTON KY 40514 EXECUTIVE VP TITLE ☐ Delete TIT1 F Addition NAME PRESTON, ROBERT J. NAME PRESTON, ROBERT J. STREET ADDRESS 433 PLEASANT HILL DRIVE STREET ADDRESS 350 NORTH COLLEGE ST. CITY-ST-ZIP CITY-ST-ZIP HARRODSBURG KY 40330 HARRODSBURG KY 40330 Delete Addition TITLE Cnance TITLE SECRETARY NAME COULTER, ERIN H NAME THOMAS V. MONTHOMERY STREET ADDRESS 101 SPARROW LN STREET ADDRESS 1264 LORETTO RD. CITY-ST-7IP SPRINGFIELD 40069 HARRODSBURG KY 40330 ☐ Delete TITLE Change Addition TITLE WADE, KENNETH R NAME NAME STREET ADDRESS 1015 MAN O WAR DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Frankfort Ky 40601 TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE

KENNETH R. WADE