

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 07, 2005 08:00 AM  
Secretary of State

DOCUMENT # P28599

1. Entity 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



03242005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
61-0846774

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE  
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME PRESTON, DANNY R.  
STREET ADDRESS 265 PARADISE CAMP ROAD  
CITY-ST-ZIP HARRODSBURG, KY 40330

TITLE VP  
NAME CARTY, JOHN J  
STREET ADDRESS 3943 BOSTON ROAD  
CITY-ST-ZIP LEXINGTON, KY 40514

TITLE EV  
NAME PRESTON, ROBERT J.  
STREET ADDRESS 350 N COLLEGE STREET  
CITY-ST-ZIP HARRODSBURG, KY 40330

TITLE S  
NAME MONTGOMERY, THOMAS V  
STREET ADDRESS 1264 LORETTO RD  
CITY-ST-ZIP SPRINGFIELD, KY 40069

TITLE T  
NAME WADE, KENNETH R  
STREET ADDRESS 1015 MAN O WAR DRIVE  
CITY-ST-ZIP FRANKFORT, KY 40601

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Kenneth R. Wade*

KENNETH R. WADE

3-24-05

859-887-2265

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #