

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90080 008 ***150.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **61-0846774**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)

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

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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* **REQUIRED** **KENNETH R. WADE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03
Date

859-887-2265
Daytime Phone #

CR2E034 (10/02)