

COMMONWEALTH OF KENTUCKY

RECEIVED
SECRETARY OF STATE DEPARTMENT
MAR 13 9 28 AM '74

Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:
 COMMERCIAL INSURANCE SERVICES
 OF PADUCAH, INC.
 3000 SHELBOURNE ST.
 PADUCAH, KENTUCKY 42001

REPORT FOR
YEAR 1974

State of Incorporation and Home Address KENTUCKY 1973 Year Qualified or Incorporated in Ky.
 SAME

2. Is the mailing address of this corporation, as set out above, correct? YES If not, please indicate the correct mailing address of this corporation:

3. Is this corporation in existence and transacting business in Kentucky? yes (If the answer is NO, please see instruction No. 2 on reverse side.)

4. Is the name of this corporation the same as set out above? YES (If the answer is NO, please see instruction No. 3 on reverse side.)

5. Have the articles of incorporation been changed or amended? no (If the answer is YES, please see instruction No. 4 on reverse side.)

6. Has the registered agent or his address been changed? no (If the answer is YES, please see instruction No. 5 on reverse side.)

7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS Chapter 274? no (If the answer is YES, please see instruction No. 6 on reverse side.)

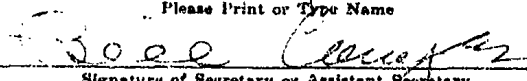
 Pres.

 Signature of President or Vice President

James W. Flynn

Please Print or Type Name

09562



Signature of Secretary or Assistant Secretary

Bill Conyer

Please Print or Type Name

500

This report is required by law to be filed annually before July 1st.

FILING FEE: Please refer to instruction No. 1 on reverse side.

REC'D MAR 1 1974

COMMONWEALTH OF KENTUCKY

Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

10600

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

COMMERCIAL INSURANCE SERVICES
OF PADUCAH, INC.
3000 SHELBOURNE ST.
PADUCAH, KENTUCKY 42001

REPORT FOR
YEAR 1975

State of Incorporation
and Home Address

KENTUCKY
SAME

1973

Year Qualified or
Incorporated in Ky.

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SECRETARY OF STATE
RECEIVED

MAR 7 - 1975

ck 5
Commonwealth of Kentucky

Bill Conyer
Signature of President or Vice President

Bill CONYER
Please Print or Type Name

Louis H. Chappell, Secy
Signature of Secretary or Assistant Secretary

LOUIS H. CHAPPELL
Please Print or Type Name

5826

This report is required by law to be filed annually before July 1st.

FILING FEE: Please refer to instruction No. 1 on reverse side.

ANNUAL REPORT

SECTION B

OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

DATE DUE ~~07-01-1977~~ DELINQUENT ~~YES~~
ANNUAL FEE ~~\$ 5.00~~ NON-PROFIT ~~\$ 5.00~~

CORRECTION & ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A.

1. PLEASE REVIEW SECTION A FOR CORRECTNESS AND COMPLETENESS.
2. MAKE NECESSARY CORRECTIONS SIGN FORM, SEND BLUE COPY WITH YOUR ANNUAL FEE
IN THE ENCLOSED ENVELOPE, RETAIN YELLOW COPY FOR YOUR RECORDS.
THANK YOU FOR YOUR COOPERATION.

(2) DATE OF INCORP. _____ (3) FEDERAL EMPLOYER IDENTIFICATION NO. 61-0851579

SECTION A

(1) RECORD NO. 61660 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 12-01-1975

(3) FEDERAL EMPLOYER IDENTIFICATION NO. _____ (4) STATUS ACTIVE

(5) AGENT FOR PROCESS
BILL GLEB CONYER
3000 SHELBOURNE ST.
PADUCAH, KY. 42001

(6) YOUR EXACT NAME
COMMERCIAL INSURANCE SERVICES OF
PADUCAH, INC.

(7) MAILING ADDRESS
3000 SHELBOURNE ST.
PADUCAH, KY. 42001

(8) OFFICERS & DIRECTORS
BILL CLAYTON
LOUIS H. CRADPELL

(9) AUTHORIZED SHARES
~~XXXXXXXXXX~~ DISCARD THIS FIELD

(5) AGENT FOR PROCESS
SECRETARY OF STATE
61703
MAR 2 3 1976
\$5.00

(6) YOUR EXACT NAME
COMMUNITY of Kentucky

(7) MAILING ADDRESS

(8) OFFICERS & DIRECTORS

(9) AUTH. SHARES _____

PRES. _____
V. PRES. _____
TREAS. _____
SECY. _____
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER
DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE [Signature]
TITLE President TELEPHONE NO. 1-502-444-7416
or 444-7383

ANNUAL REPORT

OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601

PLEASE RETURN THIS COPY
WITH FILING FEE

SECTION B

CORRECTIONS AND ADDITIONS (PLEASE TYPE)
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION 'A'

REPORT FOR 1977, DUE JULY 1, 1977
STANDING: **Bad**
6000

PHONE NUMBER: (502) 564-7330

HERE

SECTION A

(1) RECORD NO. 10600 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 11-07-73

(3) STATE OF INCORPORATION KENTUCKY

(5) PROCESS AGENT
BILL BOB CONYER
3000 SHELLBOURNE ST.
PADUCAH, KY. 42001

(6) EXACT CORPORATE NAME
COMMERCIAL INSURANCE SERVICES OF
PADUCAH, INC.

(7) MAILING ADDRESS
3000 SHELLBOURNE ST.
PADUCAH, KY. 42001

FOR OFFICE USE ONLY
02017

(2) DATE OF INCORP. _____ (3) STATE OF INCORPORATION _____

(5) PROCESS AGENT

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS,
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS.

SECRETARY OF STATE
RECEIVED
FEB 16 1978

(7) MAILING ADDRESS
Commonwealth of Kentucky
PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION
(PROFESSIONAL SERVICE CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT
INSTRUCTIONS

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY
WITH YOUR ANNUAL FEE OF \$5.00 (CHECKS PAYABLE TO KENTUCKY
STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR
RECORDS

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER
DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY

AUTHORIZED SIGNATURE: *Bill Conyer*
TITLE: *Secretary - Business* TELEPHONE NO. *1/502-1444-7346*

REPORT FOR 1978 . DUE JULY 1, 1978

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT, KENTUCKY 40601

STANDING: 6000

SECTION A
PHONE NUMBER: 502.564-7330

(1) RECORD NO.

10600

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH.

11-07-73

(3) STATE OF INCORPORATION

KENTUCKY

(4) PROCESS AGENT

BILL GCS CONYER
3000 SHELBURNE ST.
PADUCAH, KY. 42001

(5) EXACT CORPORATE NAME

COMMERCIAL INSURANCE SERVICES OF
PADUCAH, INC.

(6) MAILING ADDRESS

P.O. BOX 1039
PADUCAH, KY. 42001

(2) DATE OF INCORP

(3) INCORPORATION

(4) PROCESS AGENT

IF YOU WISH TO CHANGE PERPETUITY OF STATE PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME

RECEIVED
APR 05 1978

(6) MAILING ADDRESS

Commonwealth of Kentucky

PLEASE NOTE IF YOU ARE A NS CHAPTER 374 CORPORATE OR PROFESSIONAL SERVICE CORPORATION PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF 5.00

PLEASE RETURN THIS COPY WITH FILING FEE

FOR OFFICE USE ONLY
02880

TITLE: *Bill Conyer* TELEPHONE NO: *502-564-7330*
THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS

SECTION B
CORRECTIONS AND ADDITIONS PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A

REPORT FOR 1979 DUE JULY 1, 1979

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION WRITING IN SECTION A

STANDING: 6000

SECTION A PHONE 502 564-7000
NUMBER

(1) RECORD NO. 10000

(2) DATE OF INCORPORATION
OR CERTIFICATE OF AUTH. 11-07-75

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT
BILL BOG CONVEN
3000 SHELBOURNE ST.
PADUCAH, KY. 42001

(5) EXACT CORPORATE NAME
COMMERCIAL INSURANCE SERVICES OF
PADUCAH, INC.

(6) MAILING ADDRESS
P.O. BOX 1009
PADUCAH, KY. 42001

FOR OFFICE
USE ONLY

01326

(2) DATE OF INCORP

(3) INCORPORATION STATE OF

(4) PROCESS AGENT

IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FORMS

(5) PROCESS AGENT

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE IF YOU ARE A KRS CHAPTER 22 CORPORATION FOR RESIDENTIAL
SERVICE CORPORATION PLEASE SEE PLYHRT-507 FOR THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS SIGN FIRM AND SEND YELLOW COPY WITH
YOUR ANNUAL FEE OF \$2.00

CHECK PAYABLE TO KENTUCKY STATE

TREASURER, IN THE ENCLOSED ENVELOPE RETAIN GREEN COPY FOR YOUR RECORDS
I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT I FURTHER DECLARE
THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY

AUTHORIZED SIGNATURE

[Handwritten Signature]

TITLE

[Handwritten Title]

TELEPHONE NO. 444-7244

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS

REPORT FOR 1980 DUE JULY 1, 1980

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT, KENTUCKY 40601

SECTION B
CORRECTIONS AND ADDITIONS (PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION A

STANDING: 0000

SECTION A PHONE NUMBER 502-566-7250

(1) RECORD NO

10600

(2) DATE OF INCORPORATION OR DATE OF ACT

11-01-73

(3) STATE OF INCORPORATION

KENTUCKY

(4) PROCESS AGENT

BILL BOB CONYER
3000 SHELBURNE ST.
PADUCAH, KY. 42001

(5) EXACT CORPORATE NAME

COMMERCIAL INSURANCE SERVICES OF
PADUCAH, INC.

(6) MAILING ADDRESS

P.O. BOX 1039
PADUCAH, KY. 42001

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FOR OFFICE USE ONLY

(2) DATE OF INCORP

(3) STATE OF INCORPORATION

(4) PROCESS AGENT

RECEIVED
SECRETARY OF STATE
APR 24 1981

(5) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

(6) MAILING ADDRESS

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 274 CORPORATION (PROFESSIONAL SERVICE CORPORATION), PLEASE SEE REVERSE SIDE OF THIS REPORT.

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF 1.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I FURTHER DECLARE THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.
AUTHORIZED SIGNATURE: *Bill C. Conyer*

TITLE: *Pres.*

TELEPHONE NO.

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS