

53900

COMMONWEALTH OF KENTUCKY

Department of State

Annual Verification Report of Domestic

Corporations (Process Agents)

SEE INSTRUCTIONS ON REVERSE SIDE

1. Name of Corporation

VOL. LAYMAN CEMETERY ASSOCIATION,
INC.
MILLWOOD,
KENTUCKY

REPORT FOR
YEAR 1972

State Inc. In
and
Home Address

KENTUCKY 1972
SAME

Year Qualified or Incorporated
in Kentucky

2. Name of the present agent is

OPAL LOWE

(Name)

Box 91

(Street)

KEITCHFIELD

(City)

KY

(State)

3. Have you changed name of agent or place of business? (State change.)

NO

4. The information imprinted above is from the official record as filed with the Secretary of State. If a change has been made in name of your Corporation, Home Office Address, or Mailing Address, give new name and address.

5. Is your corporation still in existence? YES

Expiration Date? PERPETUAL

This statement is filed and the answers and information are true and correct. Given over our signatures as:

SECRETARY OF STATE

RECEIVED
JUL 6 1972

Commonwealth of Kentucky

17515

PRESIDENT

A. D. Lowe

A. D. Lowe

PRESIDENT

(Print Name)

SECRETARY

Bernice Ashby

Bernice Ashby

SECRETARY

(Print Name)

THIS STATEMENT MUST BE FILED, ANNUALLY BEFORE JULY 1
FILING FEE \$5.00 (See Section 271.385, KRS)

Mail to Thelma L. Stovall, Secretary of State, Frankfort, Kentucky

COMMONWEALTH OF KENTUCKY

Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

VOL LAYMAN CEMETERY ASSOCIATION,
INC.
MILLWOOD,
KENTUCKY 42762

1973

State of Incorporation
and Home Address

KENTUCKY 1972
SAME

Year Qualified or
Incorporated in Ky.

1972

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.)
~~transacting no business, but in existence~~

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.)

16028

SECRETARY OF STATE
RECEIVED
MAY 24 1973

2
Commonwealth of Kentucky

Audrey D. Lowe
Signature of President or Vice President
Audrey D. Lowe - Pres.

Please Print or Type Name
Bernice Ashby
Signature of Secretary or Assistant Secretary

Bernice Ashby, Sec.-Treas.
Please Print or Type Name

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

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

COMMONWEALTH OF KENTUCKY

Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

VOL LAYMAN CEMETERY ASSOCIATION,
INC.
MILLWOOD,
KENTUCKY 42762

REPORT FOR
YEAR 1974

State of Incorporation
and Home Address

KENTUCKY
SAME

1972

Year Qualified or
Incorporated in Ky.

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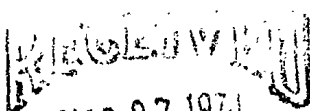
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7. Is this a PROFESSIONAL SERVICE CORPORATION under KRS Chapter 274? No (If the answer is YES, please see instruction No. 6 on reverse side.)

10497

SECRETARY OF STATE



MAR 27 1974

Commonwealth of Kentucky

Audrey P. Lowe
Signature of President or Vice President

Audrey P. Lowe
Please Print or Type Name

Bernice Ashby Sec
Signature of Secretary or Assistant Secretary

Bernice Ashby
Please Print or Type Name

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

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COMMONWEALTH OF KENTUCKY

Office of Secretary of State of Kentucky ANNUAL REPORT OF CORPORATIONS

PLEASE READ ALL QUESTIONS CAREFULLY

1. Name and mailing address of corporation:

VOL LAYMAN CEMETERY ASSOCIATION,
INC.
MILLWOOD,
KENTUCKY

REPORT FOR
YEAR 1975

State of Incorporation
and Home Address

KENTUCKY
SAME

1972

Year Qualified or
Incorporated in Ky.

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SECRETARY OF STATE
RECEIVED

APR 3 - 1975

ok 2
Commonwealth of Kentucky

Signature of President or Vice President

Print or Type Name

Signature of Secretary or Assistant Secretary

Print or Type Name

11381

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

DATE DUE 07-01-1976 DELINQUENT NO
ANNUAL FEE 5 NON PROFIT 52.00

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

1. PLEASE REVIEW SECTION A FOR CORRECTNESS AND COMPLETENESS
2. INDICATE CHANGES IN THE APPROPRIATE PART OF SECTION B
3. MAKE NECESSARY CORRECTIONS SIGN FORM SEND BACK COPY WITH YOUR ANNUAL FEE
IN THE ENCLOSED ENVELOPE RETURN WITHIN 30 DAYS FOR YOUR RECORDS
THANK YOU FOR YOUR COOPERATION

SECTION A

(1) RECORD NO. 953900 (2) DATE OF INCORPORATION 01-18-1972
OR CERTIFICATE OF AUTH.

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

(5) AGENT FOR PROCESS
OPAL K. LGNE
306 NORTH MARLIN ST.
LEITCHFIELD, KY.

(6) YOUR EXACT NAME
YOL LAYMAN CEMETERY ASSOCIATION,
INC.

(7) MAILING ADDRESS
MILLIGU, KY.

(8) OFFICERS & DIRECTORS
COJ. CRANKENC

(9) AUTHORIZED SHARES
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

SECTION B

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

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

(5) AGENT FOR PROCESS
SECRETARY OF STATE
PIPER WARD
MAR 19 1976
Commonwealth of Kentucky

(6) YOUR EXACT NAME

(7) MAILING ADDRESS

(8) OFFICERS & DIRECTORS

(9) AUTH. SHARES _____
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 _____

TITLE Ray Moore TELEPHONE NO. 899-8237

REPORT FOR 1977
STANDING: GOOD
DUE JULY 1, 1977

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL BUILDING
FRANKFORT, KENTUCKY 40601
PHONE NUMBER (502) 564-7330

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.

SECTION A

(1) RECORD NO. 53900
(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 01-18-72

(3) STATE OF INCORPORATION KENTUCKY

(5) PROCESS AGENT
OPAL M. LOWE
306 NORTH MARLTON ST.
LEITCHFIELD, KY.

(6) EXACT CORPORATE NAME
VUL. LAYMAN CEMETERY ASSOCIATION, INC.

(7) MAILING ADDRESS
WILMOUTH, KY.

01327
FOR OFFICE USE ONLY

(2) DATE OF INCORP. 1-18-77
(3) STATE OF INCORPORATION KY

(5) PROCESS AGENT
Opal M. Lowe
306 North Marlton St.
Leitchfield, Ky.

(6) EXACT CORPORATE NAME
Vul. Layman Cemetery Association, Inc.
SECRETARY OF STATE
316 1977

(7) MAILING ADDRESS
Wilmington, Ky.
PLEASE INCLUDE ZIP CODE HERE 42762

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 2.00 (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
TITLE
TELEPHONE NO. 879-8231

REPORT FOR 1978 DUE JULY 1, 1978

STANDING: GOOD

SECTION A PHONE NUMBER: 502 564-7330

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

(1) RECORD NO. 53900

(2) DATE OF INCORPORATION OR CERTIFICATE OF ALTN 01-18-72

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT
OPAL M. LOWE
306 NORTH MARION ST.
LEITCHFIELD, KY.

(5) EXACT CORPORATE NAME
VOL LAYMAN CEMETERY ASSOCIATION
INC.

(6) MAILING ADDRESS

WILMINGTON, KY 42762

FOR OFFICE USE ONLY

55613

(2) DATE OF INCORP

(3) INCORPORATION

(4) PROCESS AGENT

(5) EXACT CORPORATE NAME

RECEIVED
APR 21 1978
SECRETARY OF STATE

(6) MAILING ADDRESS

COMMONWEALTH OF KENTUCKY
COMMERCIAL INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A REG CHAPTER 27A 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 2.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) IN THE ENCLOSED ENVELOPE. RETAIN GREEN COPY FOR YOUR RECORDS.

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: SAC
TELEPHONE NO: 502-564-2287

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS.

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 MISSING IN SECTION A

STANDING: 6000

SECTION A

PHONE NUMBER 505-1330

(1) RECORD NO. 2900

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 01-18-72

(3) STATE OF INCORPORATION

KENTUCKY

(4) PROCESS AGENT

PALMER STEIN
300 NORTH BROADWAY ST.
MICHIGAN CITY

(5) EXACT CORPORATE NAME

WILLIAMS COMPANY ACCOUNTANTS
INC.

(6) MAILING ADDRESS

WILLIAMS COMPANY
12100
40254

FOR OFFICE USE ONLY

[Empty box for office use]

(2) DATE OF INCORP

(3) STATE OF INCORPORATION

(4) PROCESS AGENT

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

(5) MAIL ADDRESS

PLEASE INCLUDE ZIP CODE HERE

(6) MAILING ADDRESS

PLEASE NOTE IF YOU ARE A NON-RESIDENT 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 \$10.00 TO THE SECRETARY OF STATE, 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

William Steen
1-606-227-3290

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS

PLEASE RETURN THE COPY WITH PAYING FEE

REPORT FOR 1980 DUE JULY 1, 1980

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITOL 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

502 564-7300

(2) DATE OF INCORP.

(3) INCORPORATION

(1) RECORD NO.

53900

(2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH.

11-10-72

(3) STATE OF INCORPORATION

KENTUCKY

(4) AGENT

PALM M. LAYMAN
306 NORTH MAIN ST.
LEITCHFIELD, KY.

(5) EXACT CORPORATE NAME

WILL LAYMAN CEMENTARY ASSOCIATION, INC.

(6) MAILING ADDRESS

PALM M. LAYMAN
306 NORTH MAIN ST.
LEITCHFIELD, KY. 42704

FOR OFFICE USE ONLY

005023

(4) PROCESS AGENT

SECRETARY OF STATE
RECEIVED

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

(5) EXACT CORPORATE NAME

DEPARTMENT OF HEALTH OF KENTUCKY
MAY 08 1980

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 276 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 \$11.33 (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

Chas M. Seave

TITLE

Secretary of State

TELEPHONE NO. 502-259-3111

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS. PLEASE RETURN THIS COPY WITH \$1.00. SEE