

REPORT FOR 1981 DUE JULY 1, 1981
ANNUAL REPORT
 OFFICE OF THE SECRETARY OF STATE
 CORPORATE RECORDS SECTION
 CAPITOL BUILDING
 FRANKFORT, KENTUCKY 40601

STANDING: 500D SECTION A 522 564-7330

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

(1) RECORD NO: 29911 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTHN: 12-15-72

(3) STATE OF INCORPORATION: KENTUCKY

(4) PROCESS AGENT: CARL LAKES

(5) EXACT CORPORATE NAME: LAKES FORD SALES, INC.

(6) MAILING ADDRESS: P.O. BOX 128 HWY. 421 SOUTH MCKEE, KY. 40447

FOR OFFICE USE ONLY: 009238

(4) PROCESS AGENT: SECRETARY OF STATE

(5) EXACT CORPORATE NAME: COMMONWEALTH OF KENTUCKY

(6) MAILING ADDRESS: PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KHS 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 \$10.00 (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: *Carl Lakes*

TITLE: *Secretary* TELEPHONE NO: 502-282-8182

THIS FORM HAS BEEN FIRED TO COMPLY WITH POSTAL REGULATIONS. PLEASE RETURN THIS COPY WITH FILING FEE

REPORT FOR

DUE JULY 1, 1981

1981

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")

STA IDING:

SECTION A

29911

(2) DATE OF INCORPORATION
ON CERTIFICATE OF AUTH.

(1) RECORD NO.

(3) STATE OF INCORPORATION

(4) PROCESS AGENT

(5) EXACT CORPORATE NAME

(6) MAILING ADDRESS

(7) MAILING ADDRESS

(8) MAILING ADDRESS

FOR OFFICE USE ONLY

01-1949

(2) DATE OF INCORP.

(3) INCORPORATION

(4) PROCESS AGENT

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

(5) EXACT CORPORATE NAME
RECEIVED

(6) MAILING ADDRESS
MAY 02 1981

PLEASE INCLUDE ZIP CODE HERE
COMM. NO. OF THE CHRS (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 (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: *[Signature]*

TITLE: _____ TELEPHONE NO.: _____

THIS FORM HAS BEEN REVISED TO COMPLY WITH POSTAL REGULATIONS.