

Organization ID # 0152539
State of origin KY
Filing fee \$15.00

Commonwealth of Kentucky

Alison Lundergan Grimes, Secretary of State



Alison Lundergan Grimes
Secretary of State
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Frankfort, KY 40602-1150
(502) 564-3490
<http://www.sos.ky.gov>

2019 Annual Report
Due June 30, 2019
Filing Fee \$15.00

ARP

Exact organization name and principal office address

TRIPLE-A FARMS, INC.
1511 BELLEMEADE DRIVE
MAYFIELD KY 42066-6943

The principal office address and registered agent name/office address cannot be changed on this form. You can file online at app.sos.ky.gov/ftsearch or forms can be downloaded from our website.

Registered Agent and Registered Office Address

JOHN ANDERSON
1511 BELLEMEADE DRIVE
MAYFIELD, KY 42066-6943

Principal Officers - List the name, address and title of all current officers. All organizations must list at least one (1) officer, even in the case of a sole officer. If not specified, officer addresses default to the principal office address. Corporations are required to list a Secretary or other officer serving as records custodian

| | | |
|----------------|---------------|--|
| Treasurer | JOHN ANDERSON | |
| President | HAL ANDERSON | |
| Secretary | JOHN ANDERSON | |
| Vice President | HAL ANDERSON | |

Directors - List the name and address of all directors (if applicable). No listing of directors is verification that the corporation has dispensed with directors. If Not specified, director addresses default to the principal office address.

| | | |
|---------------|--|--|
| HAL ANDERSON | | |
| JOHN ANDERSON | | |
| | | |
| | | |

Please indicate the county in which your business operates:
County: Graves

If any information below has changed, please place an "X" in the appropriate boxes.

| | |
|---|---|
| Please indicate the size of your business: <input checked="" type="checkbox"/> Small (Fewer than 50 employees) <input type="checkbox"/> Large (50 or more employees) | Please indicate whether any of the following make up more than fifty percent (50%) of your business ownership: <input type="checkbox"/> Women-Owned <input checked="" type="checkbox"/> Veteran-Owned <input type="checkbox"/> Minority-Owned |
|---|---|

Please indicate which of the following best describes your business:

| | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> Agriculture | <input type="checkbox"/> Mining | <input type="checkbox"/> Services | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Wholesale Trade | <input type="checkbox"/> Retail Trade | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Finance, Insurance, Real Estate |
| <input type="checkbox"/> Public Administration | <input type="checkbox"/> Transportation, Communications, Electric, Gas, Sanitary Services | | |
| <input type="checkbox"/> Other | | | |

| | | |
|--|---|----------------------------|
| X  Signature of officer Or chairman of the board (Required) |  Secretary/Treasurer Title (Required) | 4/10/19 Date (Required) |
|--|---|----------------------------|

TO AVOID A PENALTY FEE OF \$100, SAVE TIME, FILE ONLINE: <http://app.sos.ky.gov/arp/0152539> OR sign and return to the Office with the required \$15.00 filing fee no later than June 30, 2019.

- To file via mail
- Confirm the information is correct.
 - Make changes by writing on this annual report, or by submitting an attachment with the signed report.
 - The signed annual report, any attachments and filing fee (payable to the Kentucky State Treasurer) **must be received in the Office by June 30, 2019**
 - If you file and pay online, do not return this document to the Secretary of State.