

# 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:

DOYLE MCGUFFEY INSURANCE  
AGENCY, INC.  
311 WEST MAIN ST.  
STANFORD, KENTUCKY 40484

REPORT FOR  
YEAR 1975

#34560

State of Incorporation  
and Home Address

KENTUCKY  
SAME

1974

Year Qualified or  
Incorporated in Ky.

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.)

SECRETARY OF STATE  
**RECEIVED**  
JUN 30 1975  
CHS  
Commonwealth of Kentucky

Doyle McGuffey  
Signature of President or Vice President  
DOYLE MCGUFFEY  
Please Print or Type Name  
Sally McGuffey  
Signature of Secretary or Assistant Secretary  
Sally McGuffey  
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.

ANNUAL REPORT

SECTION B

CORRECTION & ADDITIONS (PLEASE TYPE)

USE THIS SECTION ONLY TO CHANGE OR ADD INFORMATION MISSING IN SECTION A.

OFFICE OF THE SECRETARY OF STATE

CORPORATE RECORDS SECTION  
CAPITOL BUILDING  
FRANKFORT, KENTUCKY 40601

DATE DUE 07-01-1976 DELINQUENT NO  
ANNUAL FEE PROFIT (\$5.33)  
NON-PROFIT \$

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

SECTION A

(1) RECORD NO. 034550 (2) DATE OF INCORPORATION 05-10-1974  
FEDERAL EMPLOYER IDENTIFICATION NO.                      (4) STATUS ACTIVE

(5) AGENT FOR PROCESS  
DOYLE MCGUFFEY  
311 W. MAIN ST.  
STAMFORD, KY. 40484

(6) YOUR EXACT NAME  
DOYLE MCGUFFEY INSURANCE AGENCY,  
INC.

(7) MAILING ADDRESS  
311 W. MAIN ST.  
STAMFORD, KY. 40484

(8) OFFICERS & DIRECTORS  
DOYLE MCGUFFEY  
SALLY MCGUFFEY  
MCGUFFEY

(9) AUTHORIZED SHARES  
XXXXXXXXX DISREGARD THIS FIELD

(2) DATE OF INCORP.

(3) FEDERAL EMPLOYER IDENTIFICATION NO. 61-0859536

(5) AGENT FOR PROCESS

SECRETARY OF STATE

MAY 5 1976

(6) YOUR EXACT NAME

26553

COMMONWEALTH OF KENTUCKY

(7) MAILING ADDRESS

(8) OFFICERS & DIRECTORS

Correct Name is Sally McGuffey not SALLY MCGUFFEY

(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

*Sally McGuffey*

TITLE President TELEPHONE NO. 365-7341

ANNUAL REPORT

REPORT FOR 1977 DUE JULY 1, 1977

STANDING: GOOD

OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITOL BUILDING  
FRANKFORT, KENTUCKY 40661

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

HERE

SECTION A

(1) RECORD NO. 34560 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH 05-10-74

(3) STATE OF INCORPORATION KENTUCKY

(5) PROCESS AGENT DOYLE MCGUFFEY  
911 W. MAIN ST.  
STANFORD, KY. 40404

(6) EXACT CORPORATE NAME DOYLE MCGUFFEY INSURANCE AGENCY,  
INC.

(7) MAILING ADDRESS 911 W. MAIN ST.  
STANFORD, KY. 40404

14858

FOR OFFICE USE ONLY

PLEASE RETURN THIS COPY  
WITH FILING FEE

(2) DATE OF INCORP. \_\_\_\_\_ (3) INCORPORATION STATE OF \_\_\_\_\_

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

(6) EXACT CORPORATE NAME  
COMMONWEALTH OF KENTUCKY  
JUL 15 1977

(7) MAILING ADDRESS  
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 Doyle Mc Guffey  
TITLE Vice Pres TELEPHONE NO. 502-564-7330

PLEASE ATTACH ANNUAL FILING FEE HERE

REPORT FOR 1978 DUE JULY 1, 1978

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 REGARDING SECTION A

STANDING: GOOD

SECTION A PHONE NUMBER 502 564-7330

(1) DATE OF INCORP

(3) INCORPORATION

(1) RECORD NO

34560

(2) ORIGINATOR OF ACT

05-10-74

(4) PROCESS AGENT

SECRETARY OF STATE

(3) STATE OF INCORPORATION

KENTUCKY

(5) DATE

MAY 14 1978

(4) PROCESS AGENT

DOYLE MCGUFFEY  
311 N. MAIN ST.  
STANFORD, KY. 40484

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

Commonwealth of Kentucky

(5) EXACT CORPORATE NAME

DOYLE MCGUFFEY INSURANCE AGENCY, INC.

PLEASE NOTE: IF YOU ARE A NON-RESIDENT OF KENTUCKY, PLEASE SEE REVERSE SIDE OF THIS REPORT.

311 N. MAIN ST.  
STANFORD, KY. 40484

(6) MAILING ADDRESS

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$4.00. 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 THE ENTITY AUTHORIZED SIGNATURE: *Doyle M. Guffey*

FOR OFFICE USE ONLY

20317

TITLE: *Doyle M. Guffey* TELEPHONE NO: *606-265-7341*  
THIS FORM HAS BEEN REFINED TO COMPLY WITH POSTAL REGULATIONS.

PLEASE RETURN THIS COPY WITH FILING FEE

REPORT FOR 1979 DUE JULY 1, 1979

**ANNUAL REPORT**  
OFFICE OF THE SECRETARY OF STATE  
CORPORATE RECORDS SECTION  
CAPITAL BUILDING  
FRANFORT KENTUCKY 40601

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

STANDING: GOOD

SECTION A  
PHONE NUMBER 502 594-7550

(1) RECORD NO 34560

(2) DATE OF INCORPORATION  
INCORPORATE OF AUTH 05-10-74

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT  
BOYLE HUBBARD & ASSOCIATES  
211 N. MAIN ST.  
STANFORD KY. 40504

(5) EXACT CORPORATE NAME  
BOYLE HUBBARD & ASSOCIATES  
INC.

(6) MAILING ADDRESS  
STANFORD KY. 40504

FOR OFFICE USE ONLY  
0285334

(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) STATE  
ADDRESS

(6) MAILING ADDRESS  
PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE: IF YOU ARE A KRS CHAPTER OR CORPORATION, AN ADDITIONAL REPORT (CORPORATION) PLEASE SEE REVERSE SIDE OF THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS SIGN FORM AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \_\_\_\_\_

THE RETURN IN THE ENCLOSED ENVELOPE RETAINS 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 OR INSTRUMENT

Signature: Shelby De Giffney  
Title: Exec Pres of Boyle Hubbard & Assocs  
Telephone: 606-345-7341

THIS FORM HAS BEEN DESIGNED TO COMPLY WITH KYRS CHAPTER REGULATIONS

PLEASE ATTACH ANNUAL FILING FEE HERE

REPORT FOR 1980 DUE JULY 1, 1980

STANDING: GOOD

SECTION A

202 564-7330

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"

(1) RECORD NO. 34560

(2) DATE OF INCORPORATION OF CERTIFICATE OF AUTH 05-10-74

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT  
DOYLE MCGUFFEY  
311 H. MAIN ST.  
STANFORD, KY. 40484

(5) EXACT CORPORATE NAME  
DOYLE MCGUFFEY INSURANCE AGENCY, INC.

(6) MAILING ADDRESS  
311 H. MAIN ST.  
STANFORD, KY. 40484

FOR OFFICE USE ONLY

023341

(1) PROCESS AGENT  
(2) DATE OF INCDRP  
(3) INCORPORATION

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

(5) EXACT CORPORATE NAME

MAY 20 1980

(6) MAILING ADDRESS

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

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF 7.00

CH-CKS 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

*Doyle M. McGuffey*

TITLE

*Exec. Dir.*

TELEPHONE NO. 606-565-7341

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