

1981 DUE JULY 1

1981

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

REPORT FOR 1981  
STANDING: 3310

SECTION A

(1) RECORD NO. 31111

(2) DATE OF INCORPORATION OR CORPORATE OR AUTH. 07-17-60

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT  
LEON L. LEVITCH  
1115 1/2 S. 1ST ST.  
LOUISVILLE, KY.

(5) EXACT CORPORATE NAME  
LEXINGTON CROWN, INC.

(6) MAILING ADDRESS  
2407 WALTON RD.  
LEXINGTON, KY. 40504

FOR OFFICE USE ONLY

003210

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

(4) PROCESS AGENT  
SECRETARY OF STATE  
IF YOU WISH TO CHANGE PROCESS AGENT OR ADDRESS PLEASE CONTACT THE OFFICE FOR APPROPRIATE FORMS

(5) EXACT CORPORATE NAME  
Commonwealth of Kentucky  
JAN 20 1981

(6) 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

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 ON BEHALF OF THE ENTITY.

AUTHORIZED SIGNATURE  
Richard P. [Signature]

General Manager  
TELEPHONE NO. 269-4356

FORM MUST BE SIGNED AND RETURN THIS COPY WITH FILING FEE

REPORT FOR 1982 DUE JULY 1, 1982

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: 6000 SECTION A

(1) RECORD NO. 31071 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 07-17-46

(3) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT LEON LEVITCH 501 S. 5TH ST. LOUISVILLE, KY.

(5) EXACT CORPORATE NAME LIXINGTON GILKIN, INC.

(6) MAILING ADDRESS 2491 FLORENCE BLVD. ALEXANDRIA, KY. 40509

FOR OFFICE USE ONLY 001560

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

(4) PROCESS AGENT \_\_\_\_\_

(5) EXACT CORPORATE NAME Commonweath of Kentucky

(6) MAILING ADDRESS Commonweath of Kentucky

PLEASE NOTE: IF YOU ARE A KRS CHAPTER 374 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 \$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 THE ENTITY.  
AUTHORIZED SIGNATURE *William S. Williams*

TITLE General Manager TELEPHONE NO. 269-4356  
FORM MUST BE SIGNED. RETURN THIS COPY WITH FILING FEE

MAIL TO THIS ADDRESS →

REPORT FOR 1982 DUE JULY 1 1983

ANNUAL REPORT  
FRANCES JONES MILLS  
SECRETARY OF STATE  
P.O. BOX 1150  
FRANKFORT, KY 40602-2493

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

STANDING: 57710

(1) RECORD NO. 31071 DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 07-17-75

(2) STATE OF INCORPORATION KENTUCKY

(4) PROCESS AGENT LTON LEVITCH  
501 S. 15TH. ST.  
LOUISVILLE, KY.

(5) EXACT CORPORATE NAME LEXINGTON CROWN, INC.

(6) MAILING ADDRESS 2497 PALUMBO DR. 40509  
LEXINGTON, KY.

(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**  
SECRETARY OF STATE  
MAR 2 1983

(8) MAILING ADDRESS  
PLEASE INCLUDE ZIP **COMMONWEALTH OF KENTUCKY**

PLEASE MAKE NECESSARY CORRECTIONS, SIGN FORM, AND SEND YELLOW COPY WITH YOUR ANNUAL FEE OF \$5.00 (CHECKS PAYABLE TO KENTUCKY STATE TREASURER) MAIL TO ABOVE ADDRESS, RETAIN WHITE 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 *Shirley D. Williams*

FOR OFFICE USE ONLY 04601

TITLE *GENERAL MANAGER* TELEPHONE *262-9356*  
FORM MUST BE SIGNED RETURN THIS COPY WITH FILING FEE