

ANNUAL REPORT

OFFICE OF THE SECRETARY OF STATE

CORPORATE RECORDS SECTION

CAPITOL BUILDING

FRANKFORT, KENTUCKY 40501

SECTION B

CORRECTION & ADDITIONS (PLEASE TYPE)

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

DATE DUE **07-01-1976** DELINQUENCY NO. **5508**

ANNUAL FEE **55.00**

NON-PROFIT **5**

1. PLEASE REVIEW SECTION A FOR CORRECTNESS AND COMPLETENESS & INDICATE CHANGES IN THE APPROPRIATE PART OF SECTION B.
2. MOST NECESSARY CORRECT GAS SIGN FROM YOUR BLUE COPY WITH YOUR ANNUAL FEE IN THE ENCLOSED ENVELOPE. REPAIR FILING ENTRY FOR YOUR RECORDS.
THANK YOU FOR YOUR COOPERATION.

SECTION A

(1) RECORD NO. **D18181** (Z) OR SERIAL OF AUTH **02-10-1975**

(3) FEDERAL EMPLOYER IDENTIFICATION NO. **[REDACTED]** STATUS **ACTIVE**

(5) AGENT FOR PROCESS **ROBERT E. BELL**
105 HOPEFUL RD.
FLORENCE, KY. 41042

HOME READY-MIX, INC.

(6) YOUR EXACT NAME

(7) MAILING ADDRESS

~~105 HOPEFUL RD.~~
FLORENCE, KY. 41042
28 Production Drive
Burlington, Ky 41005

(8) OFFICERS & DIRECTORS

ELLIOTT KIRBY
ROBERT BELL
GENE E. BESSLER

PRES. **ELLIOTT KIRBY**
V. PRES. **ROBERT BELL**
TREAS. **GENE E. BESSLER**
SECT Y.

(9) AUTHORIZED SHARES

AXXXXXXX DISREGARD THIS FIELD

(2) DATE OF INCORP. **2-10-75**

(3) FEDERAL EMPLOYER IDENTIFICATION NO. **[REDACTED]**

(5) AGENT FOR PROCESS **Gene E. Bessler**

YOUR EXACT NAME **Gene E. Bessler**

Boone Roadr Mix, Inc.
dk Sod

(7) MAILING ADDRESS

28 Production Drive
Burlington, Kentucky 41005

(8) OFFICERS & DIRECTORS

ELLIOTT KIRBY, Pres.
ROBERT BELL, Vice Pres.
Gene E. Bessler, Secy, Treas.

(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 *Gene E. Bessler*

FILE *Aug. 1975* TELEPHONE NO. *371-3542*

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'

REPORT FOR 1977, DUE JULY 1, 1977

STANDING: GOOD

SECTION A

(1) RECORD NO. 16393 (2) DATE OF INCORPORATION OR CERTIFICATE OF AUTH. 02-10-75

(3) STATE OF INCORPORATION KENTUCKY

(5) PROCESS AGENT
GENE E. BESSLER
28 PRODUCTION DR.
BURLINGTON, KY. 41005

(6) EXACT CORPORATE NAME
DOANE READY-MIX, INC.

(7) MAILING ADDRESS
28 PRODUCTION DRIVE
BURLINGTON, KENTUCKY 41005

14750
FOR OFFICE USE ONLY

(2) DATE OF INCORP. _____ (3) INCORPORATION _____

(5) PROCESS AGENT

(6) EXACT CORPORATE NAME
SECRETARY OF STATE
FRANKFORT, KY
JAN 18 1977
E-K-58

(7) MAILING ADDRESS
PLEASE INCLUDE ZIP CODE HERE
COMMONWEALTH OF KENTUCKY

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 \$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 THIS ENTITY.

AUTHORIZED SIGNATURE: *Gene E. Bessler*
TITLE: *Secretary*
TELEPHONE NO. 371-5542

REPORT FOR 1979 DUE JULY 1 1979

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

SECTION 2
CORPORATIONS AND ADDITIONAL PLEASE TYPE
USE THIS SECTION ONLY TO CHANGE OR ADD
INFORMATION MISSING IN SECTION 1A

STANDING: GOOD

SECTION 1
PHONE NO. 2 564-7350
NUMBER

(1) RECORD NO

18363

2 DATE OF INCORPORATION
OR REINSTATEMENT

02-10-79

(3) STATE OF INCORPORATION

KENTUCKY

(4) PROCESS
AGENT

GENE PRODUCTION DR.
SOUTH LINDSON, KY. 41005

(5) EXACT
CORPORATE
NAME

BOONE READY-MIX, INC.

(6) MAILING
ADDRESS

40 PRODUCTION DRIVE
SOUTH LINDSON, KENTUCKY 41005

18363

FOR OFFICE
USE ONLY

(2) DATE OF INCOME

(3) INCORPORATION

(4) PROCESS
AGENT

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

(5) EXACT
CORPORATE
NAME

RECEIVED
MAY 2 1979
COMMONWEALTH OF KENTUCKY

(6) MAILING
ADDRESS

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE IF YOU ARE A NON-RESIDENT OF KENTUCKY, PROFESSIONAL
SERVICES CORPORATION, PLEASE SEE REVISIONS TO THIS REPORT

PLEASE MAKE NECESSARY CORRECTIONS SIGN FORM AND SEND YELLOW COPY WITH
YOUR ANNUAL FEE OF \$10.00 TO THE SECRETARY OF STATE, KENTUCKY STATE
TREASURER IN THE ENCLOSED ENVELOPE RETAIN GREEN COPY FOR YOUR RECORDS

I DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I HEREBY DECLARE
THAT I AM AUTHORIZED TO SIGN THIS REPORT FOR THIS ENTITY.

AUTHORIZED SIGNATURE: *Tom C. Brantley*

TELEPHONE NO. *564-7342*

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

REPORT TO 1580 DE JULY 1 1950

ANNUAL REPORT
OFFICE OF THE SECRETARY OF STATE
CORPORATE RECORDS SECTION
CAPITAL BUILDING
FRANKFORT KENTUCKY 206

SECTION B
CORRECTIONS AND ADDITIONS PLEASE USE
THIS SECTION ONLY TO CHANGE OF AGENT
INFORMATION CHANGING IN SECTION A

STANDING ORDER

SECTION A PHONE NO. 504-7330
NUMBER 202

(1) RECORD NO.

12303

(2) DATE OF INCORPORATION
OR REINSTATEMENT OF AGENT

02-10-19

(3) STATE OF INCORPORATION

Kentucky

(4) PROCESS AGENT

AGENT: PRODUCERS
BU LINDEN, KY. 41002

(5) BRANCH COMPANY NAME

SOCIAL SECURITY-ALIX, INC.

(6) MAILING ADDRESS

26 PRODUCTION DRIVE
SULLYVILLE, KENTUCKY 41002

001049

FOR OFFICE USE ONLY

(2) DATE OF INCORP

STATE OF INCORPORATION

(4) PROCESS AGENT

IF YOU WISH TO CHANGE PROCESS AGENT DR ADDRESS
PLEASE CONTACT THIS OFFICE FOR APPROPRIATE FEES

(5) BRANCH COMPANY NAME

Producing

(6) MAILING ADDRESS

PLEASE INCLUDE ZIP CODE HERE

PLEASE NOTE - YOU ARE A NON-CHARTERED ORGANIZATION PROCESSING
SERVICE CORPORATION. PLEASE NOT REVERSE SIDE OF THIS REPORT

PLEASE WRITE NECESSARY CORRECTIONS ON FORM AND SEND YELLOW COPY WITH
YOUR ANNUAL FEES (CHECKED BY KENTUCKY STATE)

TREASURER OF THE ENCLOSED ENVELOPE RETURN 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 *Frank Bell*

THIS FORM HAS BEEN REVISED TO COMPLY WITH FEDERAL REGULATION
RETURN THE COPY TO THE OFFICE OF THE SECRETARY OF STATE
TELEPHONE NO. 504-7330