

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000001325 (9)**

1. Corporation Name

BATTLE RIDGE COMPANIES



Principal Place of Business

Mailing Address

P.O. BOX 3969
CHARLESTON WV 25339

P.O. BOX 3969
CHARLESTON WV 25339

3. Date Incorporated or Qualified
03/15/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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25

29

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4. FEI Number
55-0665307

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent on the Application

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DC	<input type="checkbox"/> DELETE
NAME	FRISCHKORN, CARL F	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	
CITY- ST- ZIP	CHARLESTON WV 25314	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRISCHKORN, REBECCA T	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	
CITY- ST- ZIP	CHARLESTON WV 25314	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARTMAN, ROBERT L	
STREET ADDRESS	1530 MOUNT ALPHA RD.	
CITY- ST- ZIP	CHARLESTON WV 25301	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	OSBORNE, PATRICIA M	
STREET ADDRESS	6 S. GATE RD.	
CITY- ST- ZIP	CHARLESTON WV 25314	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STYERS, DAVID A	
STREET ADDRESS	11 RIVERSIDE DR.	
CITY- ST- ZIP	SOUTH CHARLESTON WV	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEST, RUFUS W	
STREET ADDRESS	166 KAYE ST.	
CITY- ST- ZIP	BEREA KY 40403	

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wade S. McClure	
1.3 STREET ADDRESS	P. O. Box 183	N/A
1.4 CITY- ST- ZIP	Lewisburg, WV 24901	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Russell E. Kerkes	
2.3 STREET ADDRESS	P. O. Box 3969	N/A
2.4 CITY- ST- ZIP	Charleston, WV 25339	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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***200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE:

Patricia M. Osborne Patricia M. Osborne

3-26-96

Date

3049267700

Electronic Filing #

CR2E034 (12/95)

4-16-96