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FILED  
Apr 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F94000001325 (9)

1. Corporation Name  
BATTLE RIDGE COMPANIES



Principal Place of Business  
P.O. BOX 3969  
CHARLESTON WV 25339

Mailing Address  
P.O. BOX 3969  
CHARLESTON WV 25339-3969

3. Date Incorporated or Qualified 03/15/1994  
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

2b. Mailing Address

4. FEI Number 55-0665307  
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

6. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ 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 checked="" type="checkbox"/> DELETE
NAME	STYERS, DAVID A	
STREET ADDRESS	B1 RIVERSIDE DR.	
CITY - ST - ZIP	SOUTH CHARLESTON WV	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WEST, RUFUS W	
STREET ADDRESS	P.O. BOX 421 BETSY LANE KY 41606	

1.1 TITLE	PRESIDENT - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WADE S. McCLURE	
1.3 STREET ADDRESS	323 N. Dwyer Lane	
1.4 CITY - ST - ZIP	Lewisburg WV 24901	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WEST, RUFUS W	
6.3 STREET ADDRESS	RT 1 BOX 3275, BIG SANDY RD	
6.4 CITY - ST - ZIP	KENOVA, WV 25530	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address.

SIGNATURE: *Patricia M. Osborne* PATRICIA M. OSBORNE 3/16/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)