

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jul 08 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001325 (9)
1. Corporation Name
BATTLE RIDGE COMPANIES



Principal Place of Business % BATTLE RIDGE OF FLORIDA 1000 RIVIER EAST DRIVE BELLE WV 25015	Mailing Address % BATTLE RIDGE OF FLORIDA 1000 RIVIER EAST DRIVE BELLE WV 25015
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DO NOT WRITE IN THIS SPACE

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
24	29
25	30

3. Date Incorporated or Qualified 03/15/1994	
4. FEI Number 55-0665307	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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	SD	<input type="checkbox"/> DELETE
NAME	OSBORNE, PATRICIA M	
STREET ADDRESS	6 S. GATE RD.	
CITY-ST-ZIP	CHARLESTON WV 25314	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCLURE, WADE S	
STREET ADDRESS	323 N DWYER LANE	
CITY-ST-ZIP	LEWISBURG WV	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEST, RUFUS W	
STREET ADDRESS	RT 1 BOX 3275, BIG SANDY RD	
CITY-ST-ZIP	KENOVA WV	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	19 South Gate Road
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	700002582317
6.4 CITY-ST-ZIP	-07/08/98--01011--029
	***158.75

14. I 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 the attachment with an address.

CR2E034 (10/97)