

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

**FILED**  
**Jun 29, 1999 8:00 am**  
**Secretary of State**

06-29-1999 90010 044 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001325**

1. Corporation Name  
**BATTLE RIDGE COMPANIES**



DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: **03/15/1994**  
 4. FEI Number: **55-0665307**  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 PO Box 3969 27 Suite, Apt. #, etc. 28 CHARLESTON WV 29 Zip: 25339 30 Country: US

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHKORN, CARL F	1.2 NAME	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25314	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHKORN, REBECCA T	2.2 NAME	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25314	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, ROBERT L	3.2 NAME	
STREET ADDRESS	1530 MOUNT ALPHA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25301	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, PATRICIA M	4.2 NAME	
STREET ADDRESS	19 SOUTH GATE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25314	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, WADE S	5.2 NAME	
STREET ADDRESS	323 N DWYER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISBURG WV	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **6/22/99** 304 925 4403  
 Date: 6/22/99 Daytime Phone #: 304 925 4403

CR2E034 (11/98)