

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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**95 MAY 25 AM 11:07**

**CORPORATION**  
**ANNUAL REPORT**  
**1995**



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

**DOCUMENT # P04246 (5)**

**1. Corporation Name**  
**ROSS BROTHERS CONSTRUCTION CO.**

|  |  |
|--|--|
| <b>Principal Place of Business</b>       | <b>Mailing Address</b>                   |
| STATE ROUTE 168<br>ASHLAND KY 41105-0767 | STATE ROUTE 168<br>ASHLAND KY 41105-0767 |

DO NOT WRITE IN THIS SPACE.

|  |  |
|--|--|
| <b>3. Date Incorporated or Qualified</b><br>12/04/1984 | <b>3a. Date of Last Report</b><br>05/01/1994 |
|--|--|

|                                    |   |
|------------------------------------|---|
| <b>4. FEI Number</b><br>61-0997092 | <input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|---|

|   |   |
|---|---|
| <b>5. Certificate of Status Desired</b> | <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |
|---|---|

|   |   |
|---|---|
| <b>6. Election Campaign Financing Trust Fund Contribution</b> | <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|

|  |  |
|--|--|
| <b>6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

|                                       |                            |
|---------------------------------------|----------------------------|
| <b>2. Principal Place of Business</b> | <b>2a. Mailing Address</b> |
| <b>21</b> _____                       | <b>26</b> _____            |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.        |
| <b>22</b> _____                       | <b>27</b> _____            |
| City & State                          | City & State               |
| <b>23</b> _____                       | <b>28</b> _____            |
| Zip                                   | Zip                        |
| <b>24</b> _____                       | <b>29</b> _____            |
| Country                               | Country                    |
| <b>25</b> _____                       | <b>30</b> _____            |

**9. Name and Address of Current Registered Agent**

**GRIFFITHS, MORRIS L.**  
**6995 NOVA RD**  
**ST. CLOUD FL 32769**

**10. Name and Address of New Registered Agent**

|  |
|--|
| <b>81</b> Name   |
| <b>82</b> Street Address (P.O. Box Number is Not Acceptable) |
| <b>83</b> _____  |
| <b>84</b> City   |
| <b>85</b> 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** \_\_\_\_\_ **DATE** \_\_\_\_\_

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when substituting)

**12. OFFICERS AND DIRECTORS**

|                        |                                 |
|------------------------|---------------------------------|
| <b>TITLE</b>           | <b>P</b>                        |
| <b>NAME</b>            | <b>GRIFFITHS, M. L.</b>         |
| <b>STREET ADDRESS</b>  | <b>4850 BANBURY</b>             |
| <b>CITY - ST - ZIP</b> | <b>ASHLAND KY</b>               |
| <b>TITLE</b>           | <b>V</b>                        |
| <b>NAME</b>            | <b>MITCHELL, W. C., JR.</b>     |
| <b>STREET ADDRESS</b>  | <b>2379 HICKORY RIDGE DR.</b>   |
| <b>CITY - ST - ZIP</b> | <b>ASHLAND KY</b>               |
| <b>TITLE</b>           | <b>S</b>                        |
| <b>NAME</b>            | <b>STUART, LORETTA K./ASST.</b> |
| <b>STREET ADDRESS</b>  | <b>3317 SPRINGHAVEN</b>         |
| <b>CITY - ST - ZIP</b> | <b>CATLETTSBURG KY</b>          |
| <b>TITLE</b>           | <b>DP</b>                       |
| <b>NAME</b>            | <b>GRIFFITHS, MORRIS L.</b>     |
| <b>STREET ADDRESS</b>  | <b>4850 BANBURY</b>             |
| <b>CITY - ST - ZIP</b> | <b>ASHLAND KY</b>               |
| <b>TITLE</b>           | <b>AT</b>                       |
| <b>NAME</b>            | <b>HALL, ELIZABETH</b>          |
| <b>STREET ADDRESS</b>  | <b>1915 WILSHIRE BLVD.</b>      |
| <b>CITY - ST - ZIP</b> | <b>ASHLAND KY</b>               |
| <b>TITLE</b>           |                                 |
| <b>NAME</b>            |                                 |
| <b>STREET ADDRESS</b>  |                                 |
| <b>CITY - ST - ZIP</b> |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                           |   |
|---------------------------|---|
| <b>1</b> TITLE            | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>17</b> NAME            |   |
| <b>13</b> STREET ADDRESS  |   |
| <b>14</b> CITY - ST - ZIP |   |
| <b>21</b> TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>22</b> NAME            |   |
| <b>23</b> STREET ADDRESS  |   |
| <b>24</b> CITY - ST - ZIP |   |
| <b>31</b> TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>32</b> NAME            |   |
| <b>33</b> STREET ADDRESS  |   |
| <b>34</b> CITY - ST - ZIP |   |
| <b>41</b> TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>42</b> NAME            |   |
| <b>43</b> STREET ADDRESS  |   |
| <b>44</b> CITY - ST - ZIP |   |
| <b>51</b> TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>52</b> NAME            |   |
| <b>53</b> STREET ADDRESS  |   |
| <b>54</b> CITY - ST - ZIP |   |
| <b>61</b> TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>62</b> NAME            |   |
| <b>63</b> STREET ADDRESS  |   |
| <b>64</b> CITY - ST - ZIP |   |

**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 110.07(3)(b), 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:** *Elizabeth Hall* **5/23/95 (606) 739-5139**

BIOGRAPHIC AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR