

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

FILED

**Apr 28 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P04246 (5)
1. Corporation Name
ROSS BROTHERS CONSTRUCTION CO.



Principal Place of Business Mailing Address
STATE ROUTE 168 **STATE ROUTE 168**
ASHLAND KY 41105-0767 **ASHLAND KY 41105**

3. Date Incorporated or Qualified 3a. Date of Last Report
12/04/1984 **05/01/1996**

4. FEI Number Applied For
61-0997092 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

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRIFFITHS, MORRIS L.
1.3 STREET ADDRESS	1931 GREEN SPRINGER ROAD
1.4 CITY-ST-ZIP	ASHLAND, KY
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: **SIGNATURE REQUIRED** **MORRIS L. GRIFFITHS** **4/18/97** **(606) 739-5139**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)