

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:42

DOCUMENT # P08855 (9)
1. Corporation Name:
MID-VALLEY SUPPLY CO.

Principal Place of Business Mailing Address
3499 DABNEY DR **3499 DABNEY DR**
PO BOX 14000 **PO BOX 14000**
LEXINGTON KY 40512 **LEXINGTON KY 40512**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 03/29/1994
4. FEI Number 61-0403040	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 has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

8. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1311 EXECUTIVE CENTER DR.
SUITE 200
TALLAHASSEE FL 32301

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 607.0509 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 _____
Signature typed or printed name of registered agent and the corporation Registered Agent (signature required after filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LEE, H. DUNBAR
STREET ADDRESS	1000 ASHLAND DRIVE
CITY, ST, ZIP	RUSSELL KY
TITLE	VPF
NAME	DANSBY, JOHN W
STREET ADDRESS	1000 ASHLAND DR
CITY, ST, ZIP	RUSSELL KY
TITLE	DV
NAME	LOVORN, CHARLES R.
STREET ADDRESS	1000 ASHLAND DR
CITY, ST, ZIP	RUSSELL KY
TITLE	AS
NAME	ELLIS, CHARLES D.
STREET ADDRESS	3499 DABNEY DRIVE
CITY, ST, ZIP	LEXINGTON KY
TITLE	AST
NAME	PACE, M. R
STREET ADDRESS	3499 DABNEY DR
CITY, ST, ZIP	LEXINGTON KY
TITLE	SD
NAME	THOMAS, RICHARD P.
STREET ADDRESS	1000 ASHLAND DR
CITY, ST, ZIP	RUSSELL KY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. 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 119.07(9)(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 *Charles D. Ellis* **Charles D. Ellis** **3-22-95** **(606)357-7484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Telephone #

P8855

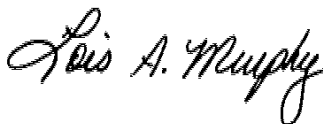
**MID-VALLEY SUPPLY CO.
PO BOX 14000
LEXINGTON, KY 40512**

March 23, 1995

Florida Department of State
Division of Corporations
Annual Reports Section
PO B ox 1500
Tallahassee, FL 32302-1500

1995 CORPORATE ANNUAL REPORT

Enclosed is the taxpayer's 1995 Corporation Annual Report. Also enclosed is a check in the amount of \$200.00 in payment of the filing fee.



Lois A. Murphy
State Income Tax

LM