

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P08855** (9)

1. Corporation Name
MID-VALLEY SUPPLY CO.



Principal Place of Business

Mailing Address

**3499 DABNEY DR
PO BOX 14000
LEXINGTON KY 40512**

**3499 DABNEY DR
PO BOX 14000
LEXINGTON KY 40512**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301**

81 Name

82 Street Address (If P.O. Box Number is Not Applicable)

83

84 City

FL

85

Zip Code

3. Date Incorporated or Qualified **01/27/1986** 3a. Date of Last Report **03/30/1995**

4. FCI Number **61-0403040** Applied For 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 601.01(6), 601.01(7), and 607.1302, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to registered agent to be both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1302, Florida Statutes.

SIGNATURE

Name, Address, and Telephone Number of Signer

Date of Signature

Date

12. OFFICERS AND DIRECTORS

12.1 NAME	PD LEE, H. DUNBAR	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS	1000 ASHLAND DRIVE	
12.3 CITY, STATE, ZIP	RUSSELL KY	
12.4 TITLE	VPF	<input type="checkbox"/> DELETE
12.5 NAME	DANSBY, JOHN W	
12.6 STREET ADDRESS	1000 ASHLAND DR	
12.7 CITY, STATE, ZIP	RUSSELL KY	
12.8 TITLE	DV	<input checked="" type="checkbox"/> DELETE
12.9 NAME	LOVORN, CHARLES R.	
12.10 STREET ADDRESS	1000 ASHLAND DR	
12.11 CITY, STATE, ZIP	RUSSELL KY	
12.12 TITLE	AS	<input type="checkbox"/> DELETE
12.13 NAME	ELLIS, CHARLES D.	
12.14 STREET ADDRESS	3499 DABNEY DRIVE	
12.15 CITY, STATE, ZIP	LEXINGTON KY	
12.16 TITLE	AST	<input type="checkbox"/> DELETE
12.17 NAME	PACE, M. R	
12.18 STREET ADDRESS	3499 DABNEY DR	
12.19 CITY, STATE, ZIP	LEXINGTON KY	
12.20 TITLE	SD	<input type="checkbox"/> DELETE
12.21 NAME	THOMAS, RICHARD P.	
12.22 STREET ADDRESS	1000 ASHLAND DR	
12.23 CITY, STATE, ZIP	RUSSELL KY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 TITLE		
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 TITLE		
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 TITLE		
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, STATE, ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

Vice President/D
Ball, Robert C.
1000 Ashland Drive
Russell, KY

14. I hereby certify that the information supplied with this report is true and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 person authorized 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 in an affidavit with an affidavit.

SIGNATURE *Charles D. Ellis* Charles D. Ellis 1-31-96 (606) 357-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Treasurer

CR2E034 (12/95)