

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

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**Feb 03 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P08855 (9)

1. Corporation Name
MID-VALLEY SUPPLY CO.



Principal Place of Business 3499 DABNEY DR PO BOX 14000 LEXINGTON KY 40512	Mailing Address 3499 DABNEY DR PO BOX 14000 LEXINGTON KY 40512-4000
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3. Date Incorporated or Qualified 01/27/1986	3a. Date of Last Report 02/07/1996
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 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 680 EAST JEFFERSON STREET 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
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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 PD	NAME LEE, H. DUNBAR	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ASHLAND DRIVE	CITY-ST-ZIP RUSSELL KY	1.2 NAME	
TITLE VPF	NAME DANSBY, JOHN W	1.3 STREET ADDRESS	
STREET ADDRESS 1000 ASHLAND DR	CITY-ST-ZIP RUSSELL KY	1.4 CITY-ST-ZIP	
TITLE VP	NAME BALL, ROBERT C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1000 ASHLAND DRIVE	CITY-ST-ZIP RUSSELL KY	2.2 NAME	
TITLE AS	NAME ELLIS, CHARLES D.	2.3 STREET ADDRESS	
STREET ADDRESS 3499 DABNEY DRIVE	CITY-ST-ZIP LEXINGTON KY	2.4 CITY-ST-ZIP	
TITLE AST	NAME PACE, M. R	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3499 DABNEY DR	CITY-ST-ZIP LEXINGTON KY	3.2 NAME	
TITLE SD	NAME THOMAS, RICHARD P.	3.3 STREET ADDRESS	
STREET ADDRESS 1000 ASHLAND DR	CITY-ST-ZIP RUSSELL KY	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: *Charles D. Ellis* **Charles D. Ellis** 1-24-97 606 357-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E034 (9/96)