


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

04 FEB -9 PM 2:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>DOCUMENT #</b> P09426	
<b>1. Entity Name</b> ROSS SEMINOLE, INC.	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc. STATE RT 168	City & State ASHLAND, KY	Suite, Apt. #, etc. P.O. BOX 767	City & State ASHLAND, KY
Zip 41101	Country BOYD	Zip 41105	Country BOYD

**REINSTATEMENT** 03-04  
DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

<b>4. FEI Number</b> 61-0997092	Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>7. Name and Address of Current Registered Agent</b>			
Name MORRIS L. GRIFFITHS			
Street Address (P.O. Box Number is Not Acceptable) 6995 NOVA ROAD			
City ST. CLOUD	State FL	Zip Code 32769	


**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>January 1 - May 1 Fee is \$150.00</b>  <b>After May 1, Fee is \$550.00</b>  <b>Amended UBR is \$61.25</b>  <b>Make Check Payable to Florida Department of State</b></p>	<p><b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  Trust Fund Contribution.</p>
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORRIS L. GRIFFITHS 1931 GREEN SPRINGER ROAD ASHLAND, KY 41102	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ELIZABETH HALL 1915 WILSHIRE BLVD ASHLAND, KY 41101	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000029562000 02/12/04--01038--012 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 "2" or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**  **MORRIS L. GRIFFITHS** **02-03-04** **(606) 739-5139**

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

CR2E034B (12/02)

**ROSS SEMINOLE, INC.**  
**P.O. BOX 767**  
**ASHLAND, KENTUCKY 41105-0767**  
**(606) 739-5139**

October 13, 2003

~~Division of Corporations~~  
~~Annual Report/Reinstatement Section~~  
P.O. Box 6327  
Tallahassee, FL 32614.6327

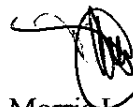
Re: 2003 Annual Filing Report, Record # P09426

We did not receive the Annual Filing Report nor did we receive the second notice.

We are enclosing a Check in the amount of \$158.75 to cover the annual filing fee, plus \$8.75 for a Certificate of Status.

Please waive the late filing and reinstatement fees.

Yours truly,



Morris L. Griffiths  
President