FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

** FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 19 AM 11:02

DOCUMENT # **812529** **(6)**

1. Corporation Name

KENTUCKY RIVER COAL CORPORATION

Principal Place of Business	Mailing Address
200 W VINE ST STE 8-K LEXINGTON KY 40507	200 W VINE ST STE 8-K LEXINGTON KY 40507

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **02/03/1958**
3a. Date of Last Report: **04/08/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **61-0246580** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 Country — 25
Zip — 29 Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KERR,JAMES B
SUITE 603, CUMBERLAND BLDG.
800 E. BROWARD BOULEVARD
FORT LAUDERDALE FL 33301

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	AT	11 TITLE		☐ Change ☐ Addition
NAME	CROUCH, CARROLL R	12 NAME		
STREET ADDRESS	2038 OLD NASSAU RD	13 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON KY	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	CLAY, CATESBY W	22 NAME		
STREET ADDRESS	200 W VINE ST STE8-K	23 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 00000	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☐ Change ☐ Addition
NAME	CONLEY, GARY I	32 NAME		
STREET ADDRESS	P.O. BOX 269 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	HAZARD KY	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	KENAN, JAMES G III	42 NAME		
STREET ADDRESS	212 BARROW ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	LEXINGTON, KY 00000	44 CITY-ST-ZIP		
TITLE	VST	51 TITLE		☒ Change ☐ Addition
NAME	PARKER, FRED N.	52 NAME		
STREET ADDRESS	684 WELLINGTON WAY	53 STREET ADDRESS	2208 Palm Grove Court	
CITY-ST-ZIP	LEXINGTON, KY 00000	54 CITY-ST-ZIP	Lexington, Kentucky 40513	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	LANGHORNE, CHISWELL D. D	62 NAME		
STREET ADDRESS	1680 31ST ST, NW	63 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC	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(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: Carroll R Crouch — Carroll R. Crouch — 1-13-95 — 606-254-8498
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0476100 FP