

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jan 25 1996 8:00am
Secretary of State

DOCUMENT # 812529 (6)

1. Corporation Name

KENTUCKY RIVER COAL CORPORATION

Principal Place of Business

200 W VINE ST STE 8-K
LEXINGTON KY 40507

Mailing Address

200 W VINE ST STE 8-K
LEXINGTON KY 40507

3. Date Incorporated or Qualified
02/03/1958

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
61-0246580

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AT
CROUCH, CARROLL R
2038 OLD NASSAU RD
LEXINGTON KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CLAY, CATESBY W
200 W VINE ST STE 8-K
LEXINGTON, KY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
CONLEY, GARY I
P.O. BOX 269 N/A
HAZARD KY

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
KENAN, JAMES G III
212 BARROW ROAD
LEXINGTON, KY 00000

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VST
PARKER, FRED N.
2208 PALM GROVE COURT
LEXINGTON KE

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LANGHORNE, CHISWELL D. D
1680 31ST ST, NW
WASHINGTON DC

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-96

Date

606-254-8498

Daytime Phone #

CR2E034 (12/95)