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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

TITLE

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

BOOTH JRAE

STUART FL

TAMPA FL

2001 SAILFISH PT BLVD

CARDWELL, BRENDA B

10107 LINDELAAN DR

DOCUMENT # 826207

(3)

SOUTHWESTERN VIRGINIA COAL CORPORATION

106 WALNUT ST PO BOX 2780 GRIMDY VA 24614 RINNOY VA 24614 REPLACE Solide, Apt. 4, etc. Solide, Apt. 4,	Principal Place	of Rusiness	Mailing Address						
PÖ BOX 2780 GRUNDY VA 24614 PO BOX 2780 GRUNDY VA 24614 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Suite, Apt. 4, etc. Suite, A			•						
Country Applied For Appl							DO NOT WRITE IN THIS SPACE		
Sprincipal Place of Business 2a. Mailing Address 4. FEI Number Applied For 54-0575562 Not Applicable 54-0575562 Not Applicable 54-0575562 Suite. Apt. #, etc. Society State Suite. Apt. #, etc. Society Suite. Apt. #, etc. Suite. Apt.									
28									
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Solite, Apt. #, etc. So	2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
27 S. Certificate of Status Desired Fee Required City & State City & State City & State S. Certificate of Status Desired Fee Required 28 City & State S. Country S. Trust Fund Contribution May Be Added to Fees Add	21		26				54-0575562 Not Applicable		
Trust Fund Contribution	Suite, Apt. 1	#, etc.	F-3						
Personal Property Tax due June 30. Yes No	City & State								
REED, JAMES M. 201 NORTH FRANKLIN STREET P. O. BOX 380 TAMPA 33601 83 City FL 85 City FL 86 City FL 86 City FL 87 City FL 86 City FL 86 City FL 87 City FL 88 City Code Cit	Zip 24	—	⊢ `				_ `		
201 NORTH FRANKLIN STREET P. O. BOX 380 TAMPA 33601 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PO DELETE 1.1 TITLE PO DELETE 1.3 STREET ADDRESS OTIV-ST-ZIP GRUNDY VA 1.4 CITY-ST-ZIP GRUNDY VA DELETE 2.1 TITLE VD DELETE 2.1 TITLE Change Addition	g, Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
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 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 titlo it applicable OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE PD DELETE 1.2 NAME SIRRET ADDRESS CITY-ST-ZIP GRUNDY VA DELETE 1.3 STREET ADDRESS CITY-ST-ZIP GRUNDY VA DELETE 2.1 TITLE VD DELETE 2.1 TITLE VD DELETE 2.1 TITLE VD DELETE 2.1 TITLE Change Addition Addition Addition DELETE 2.1 TITLE Change Addition	201 NORTH FRANKLIN STREET P. O. BOX 380				LЬ				
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		11 7 00001			84	City	85 Zip Code		
Signature typed or printed name of registered agent and title if applicable (NOTE-Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD NAME BUNN,OMER M STREET ADDRESS CITY-ST-ZIP GRUNDY VA 1.4 CITY-ST-ZIP NAME BUNN,SADIE F 2.1 TITLE VD DELETE 2.1 TITLE 2.2 NAME 2.2 NAME 2.2 NAME 2.3 NAME 3.3 STREET ADDRESS 4.4 CITY-ST-ZIP NAME BUNN,SADIE F	agent. I ar	o the provisions of Sections 607.0 ogistered agent, or both, in the St og familiar with, and accept the ob	0502 and 607.1508, Florida Ste ale of Florida. Such change we ligations of, Section 607.0505,	atutes, the a as authorize Florida Sta	bove d by tutes	-named co the corpora			
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64C(TY-ST-ZIP

14. I 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 suppliemental 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 frustee 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.

3.1 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

3.4. CHTY-ST-ZIP

TUDE A MALLE CONTRACT 1

DELETE

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1-12-98

FILED

Feb 19 1998 8:00am

Secretary of State

Change

Change

Change

Addition

Addition

Addition

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