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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

1. Corporation	MENT # 84606	6 (9)				
•	AFRAS COAL COMPANY					
Principal Place of Business Mailing Address				I FREIEL IDIN DI BIO DI 11 DUND DI 11	0 B114 0(011 B4011 94011 0191	MINISTER STREET
3527 DIXIE HIGHWAY ERLANGER KY 41018  3527 DIXIE HIGHWAY ERLANGER KY 41018						
				3. Date Incorporated or Qualified 05/23/1980	3a. Date of Last Re 03/21/19	•
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number		Applied For
21		26		61-0568866		Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	,	Additional Required
City & State	3	City & State		6. Election Campaign Financing	1 1	0 Мау Ве
23 Zip	Country .	<b>28</b> Zip	Country	Trust Fund Contribution  8. This corporation has liability for it	Adde	d to Fees 199.032,
24]	25	29	30		□ No	
	9. Name and Address of Currer	nt Hegistered Agent	81 Name	10. Name and Address of New R	iegisterea Agent	· · · · · · · · · · · · · · · · · · ·
KEHA	HENRY C.			ress (P.O. Box Number is Not Acceptab	Ne)	
145 SE			82 Street Add	Tess (F.O. DOX Northber is Not Acceptab		
	HOBEE FL 34973		83			
			84 City		FL 85 Zi	p Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above named corpo	ration submits this statement for the pur	rpose of changing its	egistered office
or register	ed agent, or oth, in the Spee of Flori	ida. Such change was authorize	od by the corporation's bos	حجم حطا لحججهم بطميعيا المتعامينات المالي	nintment as registered	Lacont Lam
familiar wit	th, and accept the objidations of, Sect	tion 607.0505, Florida Statutes	ed by the corporation's boa.	ard of directors. Thereby accept the app	on in right as registered	agent. ram
familiar wit	11. · · · · · · · · · · · · · · · · · ·	R OU		ration submits this statement for the pur and of directors. I hereby accept the app	N38,1	996
SIGNATURE _	Samura lyp a servery jisteria adin	R OU	16/Registered Agent signature require	11 Jane	N 2011	440
	Samura lyp a servery jisteria adin	and Roelly No	16 Registered Agent signature require	and when reinstating)	N 2011	440
SIGNATURE _	OFICERS AN PD KELLY, HENRY C.	t and Tool (NO	15/Registered Agnril signature require	and when reinstating)	DATE  ICERS AND DIRECTO	990 PRS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	PD KELLY, HENRY C. P.O.BOX 176,RT.C-170-A	t and Tool (NO	15. THE TABLE TABLE TO A STREET ADDRESS	and when reinstating)	DATE  ICERS AND DIRECTO	990 PRS IN 12
SIGNATURE _ 12. TILLE NAME STREET ADDRESS CITY-ST-ZiP	PD KELLY, HENRY C. P.O.BOX 176,RT.C-170-A OKEECHOBEE FL	I ang Alexandria (NO ID DIRECTORS IN ELETE	15. 1. TITLE 12 NAME 13 STREET ADDRESS 1.4 CITY - ST- 2IP	and when reinstating)	DATE  ICERS AND DIRECTO	990 PRS IN 12
SIGNATURE _ 12. TITLE NAME STREET ADDRESS	PD KELLY, HENRY C. P.O.BOX 176,RT.C-170-A OKEECHOBEE FL VSD	t and Tool (NO	15. THE TABLE TABLE TO A STREET ADDRESS	and when reinstating)	DATE DATE DIRECTO	DRS IN 12 Addition
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SIGNATURE	PD KELLY, HENRY C. P.O.BOX 176,RT.C-170-A OKEECHOBEE FL VSD BAILER, JAMES A.	I D DIRECTORS  (NO ID DIRECTORS)  (NO ID DIRECTORS)	13. 1.1 TITLE 12 NAME 1.3 STREET ADORESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	and when reinstating)	DATE  ICERS AND DIRECTO  Change	Addition
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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:

| Signature | Date |