

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

FILED  
Jun 13 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 846066

(9)

1. Corporation Name

SASSAFRAS COAL COMPANY

Principal Place of Business

Mailing Address

3527 DIXIE HIGHWAY  
ERLANGER KY 41018

3527 DIXIE HIGHWAY  
ERLANGER KY 41018-1869



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
3. Date Incorporated or Qualified		3a. Date of Last Report	
05/23/1980		04/22/1996	
4. FEI Number		Applied For	
61-0568866		Not Applicable	
5. Certificate of Status Desired		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6. Election Campaign Financing Trust Fund Contribution		9. Additional Fee Required	
<input type="checkbox"/>		\$8.75	
7. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/>	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, HENRY C.  
145 SE 441  
OKEECHOBEE FL 34973

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	
NAME	KELLY, HENRY C.	1.2 NAME	
STREET ADDRESS	P.O. BOX 176 RT C-170-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	
NAME	BAILER, JAMES A.	2.2 NAME	
STREET ADDRESS	3056 VILLAGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EDGEWOOD KY	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	KELLY, BETTY J.	3.2 NAME	
STREET ADDRESS	P.O. BOX 176 RT C-170A	3.3 STREET ADDRESS	
CITY-ST-ZIP	OKEECHOBEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 assignee 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 REQUIRED

June 9 1997

CR2E034 (9/96)