

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

FILED
Jul 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001325 (9)

1. Corporation Name
BATTLE RIDGE COMPANIES

Principal Place of Business

% BATTLE RIDGE OF FLORIDA
1000 RIVIER EAST DRIVE
BELLE WV 25015

Mailing Address

% BATTLE RIDGE OF FLORIDA
1000 RIVIER EAST DRIVE
BELLE WV 25015



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/15/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 55-0665307	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHKORN, CARL F	1.2 NAME	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25314	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRISCHKORN, REBECCA T	2.2 NAME	
STREET ADDRESS	1234 UPPER RIDGEWAY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25314	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARTMAN, ROBERT L	3.2 NAME	
STREET ADDRESS	1530 MOUNT ALPHA RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTON WV 25301	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, PATRICIA M	4.2 NAME	
STREET ADDRESS	6 S. GATE RD.	4.3 STREET ADDRESS	19 South Gate Road
CITY-ST-ZIP	CHARLESTON WV 25314	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLURE, WADE S	5.2 NAME	
STREET ADDRESS	323 N DWYER LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEWISBURG WV	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, RUFUS W	6.2 NAME	
STREET ADDRESS	RT 1 BOX 3275, BIG SANDY RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	KENOVA WV	6.4 CITY-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 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 the attachment with an address.

CR2E034 (10/97)