

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 29, 1999 8:00 am
Secretary of State

06-29-1999 90010 044 ***550.00

DOCUMENT # F94000001325

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

3. Date Incorporated or Qualified
03/15/1994

4. FEI Number
55-0665307

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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 PO Box 3969

22 City & State

27 Charleston WV

23 Zip Country

28 25339 US

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

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 DC
NAME FRISCHKORN, CARL F
STREET ADDRESS 1234 UPPER RIDGEWAY RD.
CITY-ST-ZIP CHARLESTON WV 25314

☒ DELETE

TITLE D
NAME FRISCHKORN, REBECCA T
STREET ADDRESS 1234 UPPER RIDGEWAY RD.
CITY-ST-ZIP CHARLESTON WV 25314

☒ DELETE

TITLE VD
NAME HARTMAN, ROBERT L
STREET ADDRESS 1530 MOUNT ALPHA RD.
CITY-ST-ZIP CHARLESTON WV 25301

☐ DELETE

TITLE STD
NAME OSBORNE, PATRICIA M
STREET ADDRESS 19 SOUTH GATE ROAD
CITY-ST-ZIP CHARLESTON WV 25314

☒ DELETE

TITLE PD
NAME MCCLURE, WADE S
STREET ADDRESS 323 N DWYER LANE
CITY-ST-ZIP LEWISBURG WV

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/22/99

304 925 4403

Date

Daytime Phone #

CR2E034 (11/98)