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

**CORPORATION** ANNUAL REPORT

1998

\$



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F95000000539 (5)

**ALLEGHENY MINERAL CORPORATION** 

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address PO BOX 1022 PO 80X 1022 KITTANNING PA 16201 KITTANNING PA 16201 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/01/1995 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 25-1004140 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PASSMORE, RICHARD E Name 1016 W. CHURCH ST. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32805 83 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELÊTE Change TITLE 1.1 TITLE ■ Addition SNYDER, CHARLES H JR. NAME 1.2 NAME **409 BUTLER ROAD** STREET ADDRESS 1.3 STREET ADDRESS KITTANNING PA 16201 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SNYDER, CHARLES H SR. NAME 2.2 NAME **409 BUTLER ROAD** STREET ADDRESS 2.3 STREET ADDRESS 61 KITTANNING PA 16201 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE SNYDER, DENNIS C NAME 3.2 NAME **409 BUTLER ROAD** STREET ADDRESS 3.3 STREET ADDRESS KITTANNING PA 16201 CITY - ST - ZIP 3.4. CITY - \$1 - ZIP TITLE DELETE 4.1 TITLE Change Addition SNYDER, THOMAS C NAME 4. 2 NAME **409 BUTLER ROAD** STREET ADDRESS 4.3 STREET ADDRESS KITTANNING PA 16201 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 51 TITLE SNYDER, MARK A NAME 5.2 NAME **409 BUTLER ROAD** STREET ADDRESS 5.3 STREET ADDRESS KITTANNING PA 16201 CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE Change Addition TITLE 6.1 TITLE SNYDER, DAVID E NAME 6.2 NAME **409 BUTLER ROAD** STREET ADDRESS 63 STREET ADDRESS KITTANNING PA 16201 6.4 CITY - ST - ZIP

14. Thereby 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.

1851

4-9-95

1724)540-5111