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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

K11633

(0)

AL-MAR COAL CO.

FILED Jan 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1995 S CONWAY RD 1935 S CONWAY RD APT P4 APT P4 DO NOT WRITE IN THIS SPACE ORLANDO FL 32812 ORLANDO FL 32812 3. Date Incorporated or Qualified 01/11/1988 2. Principal Place of Business 2a. Mailing Address 4. FE! Number Applied For 59-2864942 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intengible Yes 24 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HARMAN, RUFUS A. 1935 S CONWAY RD 82 Street Address (P.O. Box Number is Not Acceptable) APT P4 83 ORLANDO FL 32812 84 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PTD DELETE Change Addition TITLE 1.1 TITLE HARMAN, RUFUS A. 12 NAME NAME 1935 S CONWAY RD, APT P4 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY - ST- ZIP DELETE Addition VSD Change TITLE 2.1 TITLE HARMAN, MARGARET P. NAME 2.2 NAME 1935 S CONWAY RD, APT P4 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITI F 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ___ Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP 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.

SIGNATURE:

7 Jan 98. 467 277 1323