FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:09

DOCUMENT # **P11442** **(1)**

1. Corporation Name
SOUTH HOPKINS COAL COMPANY

Principal Place of Business	Mailing Address
4030 GULF OF MEXICO DR LONGBOAT KEY, FL P O BOX 49046 SARASOTA FL 34230-3046	4030 GULF OF MEXICO DR LONGBOAT KEY, FL P O BOX 49046 SARASOTA FL 34230-3046

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/17/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26): P O Box 8400
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28): LONGBOAT KEY FL
Zip (24): Country (25):
Zip (29): 34228 Country (30):

4. FEI Number: 61-0668361 ☐ Applied For ☐ Not Applicable
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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DICKINSON, PATRICK H.
1750 RINGLING BLVD.
SARASOTA FL 33578

10. Name and Address of New Registered Agent

81 Name: CHARLES R SAVIDGE
82 Street Address (P.O. Box Number is Not Acceptable): 4030 GULF OF MEXICO DRIVE
83
84 City: LONGBOAT KEY FL 85 Zip Code: 34228

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: C R Savidge 3/28/95
Signature, type 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	11 TITLE	☐ Change ☐ Addition
NAME	SAVIDGE, CHARLES R.	12 NAME	
STREET ADDRESS	4030 GULF OF MEXICO DR	13 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	SAVIDGE, PHYLLIS	22 NAME	
STREET ADDRESS	4030 GULF OF MEXICO DR	23 STREET ADDRESS	
CITY ST ZIP	LONGBOAT KEY FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 addition.

SIGNATURE: C R Savidge, Pres. C R SAVIDGE, PRES 3/28/95 813 383 4549
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0349132 CP