

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000093617 (5)

1. Corporation Name

KENTUCKY MAY MINING COMPANY

Principal Place of Business

ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701

Mailing Address

ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701



3. Date Incorporated or Qualified

12/08/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

26 c/o Pauline Fry
27 Suite, Apt. #, etc. Suite 2600
28 One Progress Plaza
29 City & State St. Petersburg, FL
30 Zip 33701
31 Country USA

4. FEI Number

59-3347197

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

FRY, PAULINE M
ONE PROGRESS PLAZA
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

One Progress Plaza - Suite 2600

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 terminating)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, RICHARD D	
STREET ADDRESS	% ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEADE, L E JR.	
STREET ADDRESS	% ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORGAN, ERNIE R	
STREET ADDRESS	% ONE PROGRESS PLAZA	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	108 E. Main Street, Suite 210
2.4 CITY-ST-ZIP	Kingsport, Tennessee 37660
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D/P MOORE, LARRY JOE
3.3 STREET ADDRESS	Route 80 West
3.4 CITY-ST-ZIP	Martin, Kentucky 41649
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP/T BOMBINO, MICHAEL V.
4.3 STREET ADDRESS	One Progress Plaza
4.4 CITY-ST-ZIP	St. Petersburg, FL 33701
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	S HALEY, KATHLEEN M.
5.3 STREET ADDRESS	One Progress Plaza
5.4 CITY-ST-ZIP	St. Petersburg, FL 33701
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	AS MUCCI, RALPH S.
6.3 STREET ADDRESS	One Progress Plaza
6.4 CITY-ST-ZIP	St. Petersburg, FL 33701

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)(k), 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:

Kathleen M. Haley

KATHLEEN M. HALEY,
SECRETARY

3/18/96 (313) 824-6531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/18/96 Display Phone #

CR2E034 (12/95)