

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

FILED

Mar 11 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000093617 (5)**

1. Corporation Name  
**KENTUCKY MAY MINING COMPANY**

Principal Place of Business

**ONE PROGRESS PLAZA  
ST. PETERSBURG FL 33701**

Mailing Address

**C/O FRY, PAULINE  
ONE PROGRESS PLAZA, SUITE 2600  
ST PETERSBURG FL 33701-4353  
US**

3. Date Incorporated or Qualified  
**12/08/1995**

3a. Date of Last Report  
**03/25/1996**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**59-3347197**

Applied For

Not Applicable

Suite Apt. #, etc.

Suite Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRY, PAULINE M  
ONE PROGRESS PLAZA  
SUITE 2600  
ST. PETERSBURG FL 33701**

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 of person or firm of registered agent and file if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME  
**KELLER, RICHARD D**  
STREET ADDRESS  
**% ONE PROGRESS PLAZA**  
CITY-ST-ZIP  
**ST. PETERSBURG FL 33701**

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME  
**MEADE, L E JR.**  
STREET ADDRESS  
**108 E. MAIN STREET, SUITE 2600**  
CITY-ST-ZIP  
**KINGSPORT TN**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

**Suite 210  
37660**

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME  
**MOORE, LARY J**  
STREET ADDRESS  
**ROUTE 80 WEST**  
CITY-ST-ZIP  
**MARTIN KN**

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

**Moore, Larry J.**

**41649**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME  
**BOMBINO, MICHAEL V**  
STREET ADDRESS  
**ONE PROGRESS PLAZA**  
CITY-ST-ZIP  
**ST PETERSBURG FL**

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

**33701**

TITLE ☐ DELETE

5.1 TITLE ☒ Change ☐ Addition

NAME  
**HALEY, KATHLEEN M**  
STREET ADDRESS  
**ONE PROGRESS PLAZA**  
CITY-ST-ZIP  
**ST PETERSBURG FL**

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

**33701**

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
**MUCCI, RALPH S**  
STREET ADDRESS  
**ONE PROGRESS PLAZA**  
CITY-ST-ZIP  
**ST PETERSBURG FL**

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**900002111123  
-03/12/97--01058--010  
\*\*\*165.00  
33701**

14. I do 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: *Kathleen M. Haley* **Kathleen M. Haley, Secretary 3/5/97** (813) 824-6531

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0372335

CR2E034 (9/96)