

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V60553** (7)

1. Corporation Name
LARC COAL, INC.



Principal Place of Business

**221 RIVERSIDE DRIVE
MADISON WV 25130
US**

Mailing Address

**221 RIVERSIDE DRIVE
MADISON WV 25130
US**

3. Date Incorporated or Qualified 08/26/1992	3a. Date of Last Report 04/04/1995
4. FEI Number 55-0719132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 221 Riverside Drive	26 P. O. Box 507
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Madison WV	28 Madison WV
24 25130 25 US	29 25130 30 US

9. Name and Address of Current Registered Agent

**BUNNELL, DORIS
608 15TH STREET WEST
BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and the corporation) (NOTE: Registered Agent signature required when filing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, A.F.	12. NAME	
STREET ADDRESS	221 RIVERSIDE DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	MADISON WV	14. CITY-STATE-ZIP	
TITLE	VP	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, WILLIAM L.	22. NAME	
STREET ADDRESS	RT. 85 - P. O. BOX 669	23. STREET ADDRESS	
CITY-STATE-ZIP	OCEANA WV	24. CITY-STATE-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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)(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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: **A. F. Robinson**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/04/96 (304) 369-4687

Date

Daytime Phone #

CR2E034 (12/95)