

**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 # 004323 (2)  
1. Corporation Name  
**MINE & MILL SUPPLY COMPANY.**



Principal Place of Business: 2500 S. COMBEE RD. P.O. BOX 729 EATON PARK FL 33840  
Mailing Address: 2500 S. COMBEE RD. P.O. BOX 729 EATON PARK FL 33840

3. Date Incorporated or Qualified: 01/01/1909  
3a. Date of Last Report: 05/01/1995  
4. FET Number: 59-0363380  
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: TIDWELL, ROBERT, 1346 SUMMIT CHASE DR, LAKELAND FL 33809

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	NAME	JONES, R. P. JR.	STREET ADDRESS	735 PARKVIEW PLACE	CITY - ST - ZIP	LAKELAND, FL 00000	<input type="checkbox"/> DELETE
TITLE	D	NAME	PEREZ, J. F.	STREET ADDRESS	607 ORANGE LAWN DRIVE	CITY - ST - ZIP	VALRICO, FL 33594	<input type="checkbox"/> DELETE
TITLE	VD	NAME	HANDLEY, LEON H	STREET ADDRESS	1821 SPRING LAKE DRIVE	CITY - ST - ZIP	ORLANDO, FL 00000	<input type="checkbox"/> DELETE
TITLE	PD	NAME	TIDWELL, ROBERT	STREET ADDRESS	1346 SUMMIT CHASE DR	CITY - ST - ZIP	LAKELAND, FL 00000	<input type="checkbox"/> DELETE
TITLE	ST	NAME	HALL, STEVEN B CPA	STREET ADDRESS	715 NORTH LAKE ELOISE DR	CITY - ST - ZIP	WINTER HAVEN FL	<input type="checkbox"/> DELETE
TITLE	D	NAME	EADY, JOHNA	STREET ADDRESS	8616 HARRISON RD	CITY - ST - ZIP	LAKELAND FL	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 TITLE	16 NAME	17 STREET ADDRESS	18 CITY - ST - ZIP	19 TITLE	20 NAME	21 STREET ADDRESS	22 CITY - ST - ZIP	23 TITLE	24 NAME	25 STREET ADDRESS	26 CITY - ST - ZIP	27 TITLE	28 NAME	29 STREET ADDRESS	30 CITY - ST - ZIP
										400001786654 -04/19/96--01014--041 ***200.00									
										ST SOLOMON, TINA K. 9 LAKE ARROWHEAD DRIVE WINTER HAVEN, FL 33880									

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)(c), 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 unchanged, or on an attachment with an address.

SIGNATURE: *Tina K. Solomon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TINA K. SOLOMON  
SECRETARY/TREASURER  
DATE: 4/1/96

CR2E034 (12/95)