

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

**FILED**

**May 19 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 # 004323 (2)**

1. Corporation Name  
**MINE & MILL SUPPLY COMPANY.**



Principal Place of Business <b>2500 S. COMBEE RD. P.O. BOX 729 EATON PARK FL 33840</b>	Mailing Address <b>2500 S. COMBEE RD. P.O. BOX 729 EATON PARK FL 33840-0729</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>01/01/1909</b>	3a. Date of Last Report <b>04/18/1996</b>
21	26	4. FEI Number <b>59-0363380</b>	Applied For Not Applicable
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

<b>TIDWELL, ROBERT</b> <b>1346 SUMMIT CHASE DR</b> <b>LAKELAND FL 33809</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JONES, R. P. JR.</b>	1.2 NAME	
STREET ADDRESS	<b>735 PARKVIEW PLACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PEREZ, J. F.</b>	2.2 NAME	
STREET ADDRESS	<b>607 ORANGE LAWN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANDLEY, LEON H</b>	3.2 NAME	
STREET ADDRESS	<b>1621 SPRING LAKE DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TIDWELL, ROBERT</b>	4.2 NAME	
STREET ADDRESS	<b>1346 SUMMIT CHASE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOMON, TINA K.</b>	5.2 NAME	
STREET ADDRESS	<b>9 LAKE ARROWHEAD DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33880</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EADY, JOHNA</b>	6.2 NAME	
STREET ADDRESS	<b>8616 HARRISON RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ DATE: **3/14/97**

CR2E034 (9/96)