

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90238 040 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 004323

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 01/01/1909	
4. FEI Number 59-0363380	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	JONES, R. P. JR.	
STREET ADDRESS	735 PARKVIEW PLACE	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, J. F.	
STREET ADDRESS	607 ORANGE LAWN DRIVE	
CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANDLEY, LEON H	
STREET ADDRESS	1621 SPRING LAKE DRIVE	
CITY-ST-ZIP	ORLANDO, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TIDWELL, ROBERT	
STREET ADDRESS	1346 SUMMIT CHASE DR	
CITY-ST-ZIP	LAKELAND, FL 00000	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SOLOMON, TINA K.	
STREET ADDRESS	9 LAKE ARROWHEAD DR.	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EADY, JOHNA	
STREET ADDRESS	8616 HARRISON RD	
CITY-ST-ZIP	LAKELAND FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ST FITZGERALD, CHARLES E.
5.3 STREET ADDRESS	2723 MEDULLA ROAD
5.4 CITY-ST-ZIP	LAKELAND, FL 33811
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Charles E. Fitzgerald* **REQUIRED** DATE: **4-12-99** DAYTIME PHONE #: **941-665-5601**

CR2E034 (11/98)