

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAY 15 PM 1:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 004323

1. Entity Name
MINE & MILL SUPPLY COMPANY.

Principal Place of Business Mailing Address
 2500 S. COMBEE RD. 2500 S. COMBEE RD.
 BOX 729 P.O. BOX 729
 PARK FL 33840 EATON PARK FL 33840-0729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0363380** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
 Name **Richard W. Hart**
 Street Address (P.O. Box Number is Not Acceptable) **706 McDonald Road**
 City **Plant City FL** Zip Code **33566**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Robert Tidwell Richard W. Hart 03/21/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000, Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	JONES, R. P. JR.	
STREET ADDRESS	735 PARKVIEW PLACE	
CITY-ST-ZIP	LAKELAND FL	
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	
TITLE	PD	<input type="checkbox"/> Delete
NAME	TIDWELL, ROBERT	
STREET ADDRESS	1346 SUMMIT CHASE DR	
CITY-ST-ZIP	LAKELAND FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FITZGERALD, CHARLES E	
STREET ADDRESS	2723 MEDULLA RD	
CITY-ST-ZIP	LAKELAND FL 33811	
TITLE	D	<input type="checkbox"/> Delete
NAME	EADY, JOHNA	
STREET ADDRESS	8616 HARRISON RD	
CITY-ST-ZIP	LAKELAND FL	

TITLE	Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Richard W. Hart	
STREET ADDRESS	706 McDonald Road	
CITY-ST-ZIP	Plant City, FL 33566	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles E. Fitzgerald Secretary/Treasurer 03/21/00 863-665-5601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)