

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

0530558

DOCUMENT # 004323

1. Entity Name

MINE & MILL SUPPLY COMPANY.

05-17-2001 91080 042 ***550.00

Principal Place of Business

Mailing Address

2500 S. COMBEE RD.
 P.O. BOX 729
 EATON PARK FL 33840

2500 S. COMBEE RD.
 P.O. BOX 729
 EATON PARK FL 33840

766809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0363380

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, RICHARD W
 706 MCDONALD ROAD
 PLANT CITY FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *Richard W. Hart*

Richard W. Hart

5-8-01

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, 2001 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	COO <input type="checkbox"/> Delete
NAME	HART, RICHARD W
STREET ADDRESS	706 MCDONALD ROAD
CITY-ST-ZIP	PLANT CITY FL 33566
TITLE	VD <input type="checkbox"/> Delete
NAME	PEREZ, J. F.
STREET ADDRESS	607 ORANGE LAWN DRIVE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	CD <input type="checkbox"/> Delete
NAME	HANDLEY, LEON H
STREET ADDRESS	1621 SPRING LAKE DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VD <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	VD <input type="checkbox"/> Delete
NAME	EADY, JOHNA
STREET ADDRESS	8616 HARRISON RD
CITY-ST-ZIP	LAKELAND FL

TITLE	<input 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	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input 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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/2001 863 666 5601

Date

Daytime Phone #

CR2E034 (10/00)