

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90150 001 \*\*\*150.00

DOCUMENT # **004323**

1. Entity 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**



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard W. Hart* **Richard W. Hart, Chief Oper. Officer** **03/18/2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>COO</b>	<input type="checkbox"/> Delete
NAME	<b>HART, RICHARD W</b>	
STREET ADDRESS	<b>706 MCDONALD ROAD</b>	
CITY-ST-ZIP	<b>PLANT CITY FL 33566</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PEREZ, J. F.</b>	
STREET ADDRESS	<b>607 ORANGE LAWN DRIVE</b>	
CITY-ST-ZIP	<b>VALRICO, FL 33594</b>	
TITLE	<b>CD</b>	<input type="checkbox"/> Delete
NAME	<b>HANDLEY, LEON H</b>	
STREET ADDRESS	<b>1621 SPRING LAKE DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>TIDWELL, ROBERT</b>	
STREET ADDRESS	<b>1346 SUMMIT CHASE DR</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>FITZGERALD, CHARLES E</b>	
STREET ADDRESS	<b>2723 MEDULLA RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33811</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>EADY, JOHN A</b>	
STREET ADDRESS	<b>8616 HARRISON RD</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Fitzgerald* **Charles E. Fitzgerald, Sec/Treasurer** **03/18/2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)