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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J82461

1. Corporation Name

3R MINERAL & MANUFACTURING COMPANY-TAMPA

Principal Place of Business Mailing Address						1 10011(6 Bies 10110 11011 Bits Bits 1101 01011 01011 01011	B1811 \$71	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2400 36 STREET NO. P O BOX 2368						•		
TAMPA FL 33605 BRANDON FL 33509								
US						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						07/10/1987	τ.	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	+	lied For
21		26				36-3061177		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				e Contifonto of Statue Degreed		ditional
22		27				Fe	e Req	
City & State	e	City & State			•	1 ,		/lay Be
23		28					ded to	Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Intangible	r	٦.,
24	25 29 30		30	······		Personal Property Tax.		□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		······································
By Of	DOM BIOLIADO		8	11	Name			
RYSDON, RICHARD			8	2	Street Addres	ss (P.O. Box Number is Not Acceptable)		
702 W. REYNOLDS STREET				l.				
PLANT CITY FL 33566			8	13				
				4	City	85	Zip Co	nde
		* , *	°	*	City	FL ⁶⁵	2.p 0.	,,,,
office or re agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation.	of Florida. Such change was at	utnorized b	y tn	named corpor ne corporation	ration submits this statement for the purpose of changin's board of directors. I hereby accept the appointment	ig its regi	egistered istered
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable (NOTE:	Registered Ag	gent s	signature required v	when reinstating) DATE		
12,		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRE	CTOF	S IN 12
TITLE	D PRESIDENT	☐ DELETE	1.1 TITLE	₹				Addition
NAME			1.2 NAMI	1.2 NAME				
STREET ADDRESS			1.3 STRE	ETA	DORESS			
	The same company and		1.4 CITY					
CITY-ST-ZIP TITLE	<u> </u>		2.1 TITLE			Ch;	ange	Addition
			2.2 NAM					
NAME					DORESS			1
STREET ADDRESS	Th. 4117 Cat. Th.				1			
CITY-ST-ZIP			2. 4 CITY 3.1 TITLE		· <u>ZP</u>	□ Ch:	ange	Addition
TITLE		C) DELETE	3.1 IIILE 3.2 NAME					
NAME								
STREET ADDRESS			3.3 STREE					
CITY-ST-ZIP			3.4. CITY		ZIP	Ch	ange .	Addition
TITLE		☐ DELETE	4.1 TITLE				wige.	
NAME			4. 2 NAM					
STREET ADDRESS	4.3		4.3 STRE	4.3 STREET ADDRESS				
CITY-ST-ZIP				4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			□ Ch	ange	Addition
NAME			5.2 NAM	_				
STREET APPORTS			5.3 STR	EETA	LDORESS			-

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 tryanged, or on an artachyment with an address, with all other like empowered.

54 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CiTY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ Change

☐ Addition