FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90021 002 \*\*\*150.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000048893

1. Corporation Name

CENTRAL MINERALS CORPORATION

Principal P ace	e of Business	Mailing Address							,	4,44, 14,11, 14,12	
290 PARADISE BLVD.		290 PARADISE BLVD.									
NO. 36		NO. 36				DO NOT WRITE IN THIS SPACE					
INDIALANTIC FL 32903		INDIALANTIC FL 32903				3. Date Incorporated or Qualifed					
							06/20/	11995			6.15
2. Principal Pl	ace of Business	2a. Mailing Address					4. FEI Nun				lied For
21		26					<u>59-33</u>	26841			Applicable
Suite, Apt.:	#, etc.	Suite, Apt. #, etc.					5. Certifoat	te of Status Desire	d 🗆	<b>\$8.75</b> A Fee Red	1
22		City & State									
City & State	e	City & State						Campaign Financ and Contribution	ing 🗆	\$5.00 i Added to	• 1
23		Zip		ountry							1 663
Zip	Cour try	<b>├</b> ┐ '	30	ourni y				poration owes the al Property Tax.	current year in		. <b>X</b> No
24	9. Name and Address of Curre	29 29 Agent	30				L	ind Address of No	w Registerr d		
	9. Name and Address of Curre	in Registered Agent		81	Name			illa radicada at th		718411	
HOF	MANN, ERNST G			L.	·						
	PARADISE BLVD.			82	Street	Addres	ss (P.O. Bo)	Number is Not Acc	eptable)		
NO.				83							
	ALANTIC FL 32903			63	I						
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	154110 1 2 02000			84	City				FL	85 Zip C	ode
<u> </u>				بل ا	,		ation automi	this statement for			agistered
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida State cf Florida. Such change was	. tes, the ⊲uthoriz	e above zed by	e-named the corp	cc rpoi oration	ation submits 's board of di	s this statement for rectors. I hereby a	ccept the apt o	intment as reg	egistered istered
agent. I ai	m familiar with, and accept the obliga	ations of, Section 607.0505, Fi	orida S	tatutes							
SIGNATUFE				_					DATE		
	Signature, typed or printed name of registered age			ared Agen	t signature	required v	when reinstating)	NS/CHANGES TO		ND DIRECTOR	2S IN 12
12.	PT OFFICERS AI	N() DIRECTORS		1 TITLE		r-	ADDITIO	NS/OTANGES TO	OF FIOLING .	Change	☐ Addition
TITLE	* •			2 NAME							
NAME	HOFMANN, ERNST G	•			4000c00						
STREET ADDRESS	290 PARADISE BLVD., NO. 36				ADDRESS						
CITY-ST-ZIP	NDIALANTIC FL 32903			1.4 CITY-ST-ZIP		VS		<del></del>		<b>⊠</b> Change	Addition
TITLE	VS	C DELETE		1 1111E		4 J	, 	TAV R		<b>A</b>	
NAME		ONG, TONY R		2.2 NAME		2000	ong, Tony R. winding Meadow Way conument, co 80132				
STREET ADDRESS			2.3 \$		2.3 STREET ADDRESS (		winaing	of coaca	0/37		
CITY-ST-ZIP	MODESTO CA 95355	D DEVETE	- 2.	4 CITY-5	T-ZIP	170	nymer	11, W 00	0132	Change	Addition
TITLE		☐ DELETE	3.	1 HILE							
NAME				2 NAME							
STREET ADDRE 3S			•		ADDRESS						
CITY-ST-ZIP		□ DELETE		4. CITY-5	T-ZiP	}				Change	Addition
TITLE		☐ DELETE	1	1 TITLE						Gliange	
NAME				2 NAME							
STREET ADDRESS			4.	3 STREET	ADDRESS						
CITY-ST-ZIP				4 CITY-S	r-ZIP	ļ					- Addition
TITLE		☐ DELETE		1 TITLE						Change	☐ Addition
NAME			*	2 NAME							
STREET ADORESS					ADDRESS	1					
CITY-ST-ZIP				4 CITY-S	T-ZIP	<u> </u>					
TITLE	,	☐ DELETE		1 TITLE						Change	Addition !
NAME				2 NAME							
STREET ADDRESS			6.	3 STREET	ADDRESS	1					

14. I hereby certify that the informat on 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 changes for an attactment with an address, with a lother like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP