

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90056 017 \*\*\*150.00

**DOCUMENT # 383104**

1. Corporation Name

**ST. CLOUD MINING COMPANY**

Principal Place of Business

100 RIALTO PLACE, STE 500  
MELBOURNE FL 32901

Mailing Address

100 RIALTO PLACE, STE 500  
MELBOURNE FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/31/1971**

4. FEI Number

**59-1370776**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☒

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**SOTTILE, JOHN H.**  
**100 RIALTO PLACE, STE 500**  
**MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE ☐ DELETE

NAME **P**

STREET ADDRESS **FREEMAN, PATRICK S**

CITY-ST-ZIP **1006 KOPRA STREET**

**TRUTH OR CONSEQ NM**

TITLE ☐ DELETE

NAME **TAS**

STREET ADDRESS **WHERRY, STEPHEN R.**

CITY-ST-ZIP **1217 ELCON DRIVE**

**MELBOURNE FL**

TITLE ☐ DELETE

NAME **SD**

STREET ADDRESS **STARLING, JOHN M**

CITY-ST-ZIP **190 E OLMSTEAD DR STE 5A**

**TITUSVILLE FL**

TITLE ☒ DELETE

NAME **DC**

STREET ADDRESS **SOTTILE, JAMES**

CITY-ST-ZIP **2525 INDIAN MOUND TRAIL**

**CORAL GABLES FL**

TITLE ☐ DELETE

NAME **VD**

STREET ADDRESS **SOTTILE, JOHN H.**

CITY-ST-ZIP **2324 BROOKSIDE WAY**

**INDIALANTIC FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **1243 Marie Street**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **Vice President**

2.3 STREET ADDRESS **White, John L.**

2.4 CITY-ST-ZIP **700 Poplar**

**Truth or Consequences, NM**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Chairman, Director**

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

**St. Cloud Mining Company**

SIGNATURE: By: *Stephen R. Wherry*

**Stephen R. Wherry, Treasurer 1-15-99 407-724-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0118426

CR2E034 (1/98)