

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:32

DOCUMENT # 384848 (8)
1. Corporation Name
THE GOLDFIELD CONSOLIDATED MINES COMPANY

Principal Place of Business Mailing Address
100 RIALTO PLACE, STE 500 **100 RIALTO PLACE, STE 500**
MELBOURNE FL 32901 **MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/30/1971		3a. Date of Last Report 04/19/1994	
21		26		4. FEI Number 59-1370718		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
Zip		Country		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 resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	SOTTILE, JAMES	1.2 NAME	
STREET ADDRESS	2525 INDIAN MOUND TR	1.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL GABLES, FL 00000	1.4 CITY- ST- ZIP	
TITLE	T	2.1 TITLE	☐ Change ☐ Addition
NAME	WHERRY, STEPHEN R.	2.2 NAME	
STREET ADDRESS	1217 ELCON DRIVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MELBOURNE FL	2.4 CITY- ST- ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEITNER, MARY H	3.2 NAME	
STREET ADDRESS	2344 BROOKSIDE DR	3.3 STREET ADDRESS	
CITY- ST- ZIP	INDIALANTIC, FL 00000	3.4 CITY- ST- ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SOTTILE, JOHN H	4.2 NAME	
STREET ADDRESS	2324 BROOKSIDE WAY	4.3 STREET ADDRESS	
CITY- ST- ZIP	INDIALANTIC FL	4.4 CITY- ST- ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	FREEMAN, PATRICK S.	5.2 NAME	
STREET ADDRESS	1006 KOPRA STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	TRUTH OR CONSEQ. NM	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied was voluntarily furnished and does not qualify for the exemption stated in Section 139.07(9)(g), 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 applicable, or on an attachment with an address.

SIGNATURE: *Stephen R. Wherry* **Stephen R. Wherry, Treasurer** **1-26-95** **407-724-1700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR