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

FILED Mar 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (9) 462317 TELLER MOUNTAIN MINES CORPORATION Principal Place of Business Mailing Address 103 AVENUE A. N.W., P.O. DRAWER 152 103 AVENUE A. N.W., P.O. DRAWER 152 C/O ROBERT R. CRITTENDEN C/O ROBERT R. CRITTENDEN DO NOT WRITE IN THIS SPACE WINTER HAVEN FL 33881-4501 WINTER HAVEN FL 33881-4501 3. Date Incorporated or Qualified 09/27/1974 2. Principal Place of Business 2a. Mailing Address 4 FEL Number 21 59-1670493 26 Suite, Apt #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Zip Zψ Country Country Personal Property Tax due June 30. Yes 24 25 29 30 10. Name and Address of New Registered Agent g, Name and Address of Current Registered Agent Name CRITTENDEN, ROBERT R. 103 AVENUE A, N.W. **B2** Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN FL 33880 83 84 City 85 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 tine if applicable (NOTE: Registered Agent algorature required when reinstating) OFFICERS AND DIRECTORS 12. DELETE 1.1 TITLE Change TITLE CRITTENDEN, ROBERT R 1.2 NAME NAME

Secretary of State Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible ☐ No Zip Code ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition CRZE034 Change Addition Addition

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 chang it, or on an attachment with an address.

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NAME STREET ADDRESS 103 AVENUE A. NW

WINTER HAVEN FL

281 GARDEN LANE

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NOLLEY, VERNA STREET

STREET, WILLIAM EARL

CITRUS SPRINGS FL

1340 W. ALEXANDER DRIVE

(441)293-716)

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