## 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

**DOCUMENT #** 468490 1. Corporation Name

UNITED STATES SMELTING AND REFINING, INC.

Principal Place of Business

Mailing Address

FILED JUN 15 PM 3: 22

SECRETARY OF STATE

814 WEST HAIN PLANT CITY FL		814 WEST HAINES STREET PLANT CITY FLORIDA 33566		TENSTAGENTENTS 3. Date Incorporated or Qualified	09-00
)			•	1 01/23/1975	
2. Principal Pl	ace of Business	2a. Mailing Address	4	4. FEI Number	Applied For
21 814 (1)		26 814 W. MART	in Luther Kind	6 59-1586125	Not Applicable
Suite Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 ;	* • • • • • • • • • • • • • • • • • • •	27		3. Certificate of Status Desired	Fee Required
City & State	3 6: 6:	City & State	<u></u>	6. Election Campaign Financing	<b>\$5.00</b> May Be
23 Pant	CITY, FL	28 Plant City	<u> </u>	Trust Fund Contribution	Added to Fees
Zip	Country	Zip ,	Country	8. This corporation owes the current year in	
24 335 <i>6</i>	6 25 Hillsborooch	29 3355 عاما 35	Hillsborough		Yes No
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent					
CALDWELL, DAVID W.				ALDWELL', DAVID ID	
814 WEST HAINES STREET				ress (P.O. Box Number is Not Acceptable)	(11)( 21)(0
1				W. MARTIN LUTHER !	CING BLVD
PLANT CITY FLORIDA FL 33566					
	•		84 City Ou o	ur cini El	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					
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-failing 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.					
agent. I at	m familiar with, and accept the obligation	ns of, Section 607.0505,"Florid	a Statutes.	/	12=00=
SIGNATURE (NOTE: Registered Agent signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	700003310	Change Addition
NAME	CALDWELL, DAVID W		1.2 NAME	-07/03/00I	nin29nis 🗀
STREET ADDRESS	814 WEST HAINES STREET	•	1.3 STREET ADDRESS	****350.00	
CfTY-ST-ZIP	PLANT CITY FLORIDA 33566		1.4 CITY-ST-ZIP	**************************************	
TITLE	·	☐ DELETE	2.1 TITLE	Į.	☐ Change ☐ Addition
NAME	•		2.2 NAME		10077
STREET ADDRESS			2.3 STREET ADDRESS	700003310 -07/03/000	01029019
CITY-ST-ZIP	والمستعدية ينتيني سيما الوارا والميني يامة	<b>.</b>	2. 4 CITY- ST-ZIP	01705700 ( 	-####ED 00
III/E		☐ DELETE	3.1 TITLE		Charige Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	a .	
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	:	☐ Change ☐ Addition
NAME	•		4. 2 NAME	4	
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	1	☐ Change ☐ Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS	 	}
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
CTDEET ADODESO			6.3 STREET ADORESS		

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 around an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #