## LE 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

## CUMENT # 532013

Country

9. Name and Address of Current Registered Agent

rporation Name INERAL PROCESSING, INC.

cipal Place of Business

incipal Place of Business

YOUNGINER, B. FLOYD

BOX 5961 LAND FL 33807

e Apt. #, etc.

Mailing Address

P.O. BOX 5961

LAKELAND FL 33807

2a. Mailing Address

City & State

27

28

29

Zip

Suite, Apt. #, etc.

## **FILED** Feb 10, 1999 8:00am **Secretary of State**

02-10-1999 90029 035 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

Applied For

Not Applicable

\$8.75 Additional Fee Required

\$5.00 May Be : Added to Fees

Certificate of Status Desired

Election Campaign Financing

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.

10. Name and Address of New Registered Agent

4. FEI Number .

59-1804123

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

4629 LITTLE GRUVE LANE	12 to 1 to
LAKELAND FL 33813	83
	84 City Straining FL 85 Zip Code
Discount to the agenting of Sections 607 0503 and 607 1509. Florida Statutes, the ob-	
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 of corporation in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered	
agent   am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
AT URE of the state of the stat	
HO 18 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Agent signature required when reinstating)  ADDITIONS/CHANGES: OFFICERS AND DIRECTORS IN 12
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Hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes: [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	
Afficer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statistics 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.	

Country

81 Name

30

TAN 22, 1999 941/606-7712