FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 MAY -1 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **665207** **(7)**

1. Corporate Name:

AVALON MINING, INC.

Principal Place of Business	Mailing Address
908 S. DELANEY AVE. P O BOX 568821 ORLANDO FL 32806-1275 US	908 S. DELANEY AVE. P O BOX 568821 ORLANDO FL 32856-8821 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/01/1980**	3a. Date of Last Report: **03/14/1994**
4. FEI Number: **59-1987878**	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has [illegible] Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
City & State (23) / City & State (28)
Zip (24) / County (25) / Zip (29) / County (30)

9. Name and Address of Current Registered Agent

CARTER, MAURY L
908 S. DELANEY AVE.
ORLANDO FL 32806

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 Section 607.0502 and 607.1808, 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 [illegible] (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '12	
01 Title	ATD	01 Title	☐ Change ☐ Addition
02 Name	POITRAS, PATRICIA T	02 Name	
03 Street Address	198 HIGHLAND ST	03 Street Address	
04 City, St, Zip	HOLLISTON, MASS 00000	04 City, St, Zip	
05 Title	DS	05 Title	☐ Change ☐ Addition
06 Name	CARTER, MAURY L	06 Name	
07 Street Address	4955 LK GATLIN WOODS CT	07 Street Address	
08 City, St, Zip	ORLANDO, FL 00000	08 City, St, Zip	
09 Title	DVP	09 Title	☐ Change ☐ Addition
10 Name	POITRAS, EDWARD W	10 Name	
11 Street Address	27 B. MOORE RD.	11 Street Address	
12 City, St, Zip	HAINES CITY FL	12 City, St, Zip	
13 Title	DPT	13 Title	☐ Change ☐ Addition
14 Name	POITRAS, JAMES W	14 Name	
15 Street Address	198 HIGHLAND ST	15 Street Address	
16 City, St, Zip	HOLLISTON, MASS 00000	16 City, St, Zip	
17 Title	AS	17 Title	☐ Change ☐ Addition
18 Name	WRAY, PAMELA	18 Name	
19 Street Address	1942 MELVIN	19 Street Address	
20 City, St, Zip	ORLANDO, FL 00000	20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: X Pamela L Wray — Apr 25 95 — 407/422-3144

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Pamela L. Wray, Assistant Secretary

0665724 CP