FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

1. Corporation 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

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

3. Date Incorporated or Qualified: **04/01/1980**

3a. Date of Last Report: **05/01/1995**

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 liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

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 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ATD	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	POITRAS, PATRICIA T		1 NAME	
STREET ADDRESS	198 HIGHLAND ST		1 STREET ADDRESS	
CITY-ST-ZIP	HOLLISTON, MASS 00000		1 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	CARTER, MAURY L		2 NAME	
STREET ADDRESS	4955 LK GATLIN WOODS CT		2 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		2 CITY-ST-ZIP	
TITLE	DVP	☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME	POITRAS, EDWARD W		3 NAME	
STREET ADDRESS	27 B. MOORE RD.		3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL		3 CITY-ST-ZIP	
TITLE	DPT	☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME	POITRAS, JAMES W		4 NAME	
STREET ADDRESS	198 HIGHLAND ST		4 STREET ADDRESS	
CITY-ST-ZIP	HOLLISTON, MASS 00000		4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME	WRAY, PAMELA		5 NAME	
STREET ADDRESS	1942 MELVIN		5 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000		5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

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

SIGNATURE: X _____ Apr 16 96 407/422-3144

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

Maury L. Carter, Director/Secretary

CR2E034 (12/95)