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FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

808 S. DELANEY AVE.  
P O BOX 568621  
ORLANDO FL 32806-1275  
US

Mailing Address

808 S. DELANEY AVE.  
P O BOX 568621  
ORLANDO FL 32806-8621  
US



3. Date Incorporated or Qualified 04/01/1980  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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  
808 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

Signature type (Type printed name) from one is acceptable if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	ATD	<input type="checkbox"/> DELETE
NAME	POITRAS, PATRICIA T	
STREET ADDRESS	108 HIGHLAND ST	
CITY-STATE-ZIP	HOLLISTON, MASS 00000	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CARTER, MAURY L	
STREET ADDRESS	4955 LK GATLIN WOODS CT	
CITY-STATE-ZIP	ORLANDO, FL 00000	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	POITRAS, EDWARD W	
STREET ADDRESS	27 B. MOORE RD.	
CITY-STATE-ZIP	HAINES CITY FL	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	POITRAS, JAMES W	
STREET ADDRESS	108 HIGHLAND ST	
CITY-STATE-ZIP	HOLLISTON, MASS 00000	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WRAY, PAMELA	
STREET ADDRESS	1942 MELVIN	
CITY-STATE-ZIP	ORLANDO, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	2950 Springhead Ct
2.4 CITY-STATE-ZIP	St Cloud FL 34771
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I do 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Maury L. Carter, Director/Secretary

Mar 18 97

407/422-3144

Date

Daytime Phone #

CR2E034 (9/96)