**FILED** 

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90130 030 \*\*\*150.00

## 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 # F93000001934

1. Corporation Name

JOHNSON MINING, INC.

| Principal Place   | of Business  | Mailing Address               |   |                    |                 | I (80)100 till iblab tillt satt satt satt satt satt sate tale lale lale |          |
|---|--|-------------------------------|---|--------------------|-----------------|---|----------|
| 961 EAST MAIN STREET 961 EAST MAIN STREET   |  |                               |   |                    |                 |   |          |
| SPARTANBURG SC 29302 SPARTANBURG SC 29302   |  |                               | 2   |                    |                 | DO NOT WRITE IN THIS SPACE  |          |
|   |  |                               |   |                    |                 | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified           |          |
|   |  |                               |   |                    |                 | 3. Date incorporated or Qualified 04/19/1993                            | -        |
|   |  | O- Martine Address            |   |                    |                 | 4. FEI Number Applied For   | -        |
| 2. Principal Place of Business  |  | 2a. Mailing Address           |   |                    |                 | 57-0966170   Not Applicable   |          |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.           |   |                    |                 | \$8.75 Additional   | $\dashv$ |
|   |  | 27                            |   |                    |                 | 5. Certificate of Status Desired Fee Required                           |          |
| City & State  |  | City & State                  |   |                    |                 | 6. Election Campaign Financing \$5.00 May Be                            | ==       |
| <b>—</b>  |  | 28                            |   |                    |                 | Trust Fund Contribution Added to Fees                                   |          |
| Zip   | Country  | Zip                           | Cou   | intry              |                 | 8. This corporation owes the current year Intangible                    |          |
| <del>-</del> -  | 25   | 29                            | 30  | ,                  |                 | Personal Property Tax.  Yes No  |          |
| 24  | 9. Name and Address of Current                       | <u> </u>                      |   |                    |                 | 10. Name and Address of New Registered Agent                            |          |
|   | J. Hullio Bilo Madioco C. Calvern                    |                               |   | 81                 | Name            |   |          |
| CT CORPORATION SYSTEM   |  |                               |   |                    | 2               | (D.O. D. Murris State Association)                                      |          |
| 1200  |  |                               | 82 Street Address (P.O. Box Number is Not Acceptable) |                    |                 | }   |          |
| PLANTATION FL 33324   |  |                               |   | 83                 |                 |   | ╗        |
| _   |  |                               |   |                    |                 |   | _        |
|   |  |                               |   | 84                 | City            | FL 85 Zip Code  | 1        |
| 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, typed or printed name of registered agent | t and title if applicable (NO | TE Registered   | Agen               | t signature rec | quired when reinstaling) DATE   | 1 :      |
| 12. OFFICERS AND DIRECTORS  |  |                               | 13.   | 13.                |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |          |
| TITLE   | PD   | DELETE 1.11                   |   | TLE                |                 | Change Addit  | on       |
| NAME  | JOHNSON, STEWART H                                   | H 12 N                        |   | AME                |                 |   |          |
| STREET ADDRESS  |  |                               | 1.3 S   | TREET              | ADDRESS         | •   | - 1 1    |
| CITY-ST-ZIP   |  |                               | 1.4 C   | 1.4 CITY-ST-ZIP    |                 |   | 1        |
| TITLE   | VDST   | ☐ DELETE 2.1 T                |   | TLE                |                 | Change Addit  | on ) '   |
| NAME  | BREEDEN, DAN C JR.                                   | 2.2 N                         |   | AME.               |                 |   |          |
| STREET ADDRESS  | ·  |                               | TREET   | ADDRESS            |                 |   |          |
| CITY-ST-ZIP   |  |                               | XTY-S   | T-ZIP              |                 |   |          |
| TITLE   |  | DELETE 3.1 TI                 |   |                    |                 | Change Addit  | on       |
| NAME  | 3.2  |                               | 3.2 N   | .2 NAME            |                 |   |          |
| STREET ADDRESS  | S 3  |                               | 3.3 S   | 3.3 STREET ADDRESS |                 |   |          |
| CITY-ST-ZIP   |  |                               | 3,4. 0  | , CITY-ST-ZIP      |                 |   |          |
| TITLE   |  |                               |   | TITLE              |                 | ☐ Change ☐ Addit  | on       |
| NAME  |  |                               | 4.21  | . 2 NAME           |                 |   |          |
| STREET ADDRESS  |  |                               | 435   | TREET              | T ADDRESS       |   | ļ        |
| CITY-ST-ZIP   |  |                               |   | ITY-S              |                 |   |          |
|   |  |                               |   |                    |                 |   |          |

CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OPECER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ Change

☐ Change

☐ Addition

Addition