


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G80455 (0)

1. Corporation Name
MID-FLORIDA MINING COMPANY *SEE ATTACHED LETTER*

Name changed 12/31/97 to MFM INDUSTRIES, INC.

Principal Place of Business 3300 S.W. 34TH AVE., STE 152 OCALA FL 34474-4487 US	Mailing Address 3300 S.W. 34TH AVE., STE 152 OCALA FL 34474-4487 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/25/1984	3a. Date of Last Report 04/24/1996
4. FEI Number 59-2475333		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent WILKINSON, MICHAEL W. 3300 S.W. 34TH AVE., STE 152 OCALA FL 34474			

9. Name and Address of Current Registered Agent WILKINSON, MICHAEL W. 3300 S.W. 34TH AVE., STE 152 OCALA FL 34474		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, W.M., JR.	1.2 NAME	
STREET ADDRESS	3080 SW 53RD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, ALLEN C.	2.2 NAME	
STREET ADDRESS	2506 SW 9TH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MARGARET	3.2 NAME	
STREET ADDRESS	1318 S.E. 8TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTSCHLER, JOHN G.	4.2 NAME	
STREET ADDRESS	1212 W. 96TH ST., #2B	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANZER, DOROTHY	5.2 NAME	
STREET ADDRESS	4220 SW 5TH AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, MICHAEL W.	6.2 NAME	
STREET ADDRESS	5155 SE 44TH AVE., RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	6.4 CITY - ST - 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 or changed, or on an attachment with an address.

SIGNATURE: *David W. Parker* **DAVID W. PARKER, CFO** **4/29/97** **352-854-6676**

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

CP2E034 (9/96)