

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **G92115** (6)  
1. Corporation Name  
**SOUTHEASTERN MINING & EXPLORATION CORPORATION**

FILED  
1995 JUL 26 AM 10:18  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**199 AVE. K S.E.  
PO BOX 1858  
WINTER HAVEN FL 33882-8858**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**03/20/1984**

3a. Date of Last Report  
**04/15/1994**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number  
**59-2421187**

Applied For  
Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23. Zip

28. Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24. Country

29. Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

25. Country

30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOUNTAIN, RICHARD C.  
199 AVE K SE STE 100  
WINTER HAVEN FL 33880**

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 typed in printed name of registered agent and title of corporation

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**P  
FOUNTAIN, RICHARD C.  
199 AVE. K, SE  
WINTER HAVEN FL**

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**P/S  
FOUNTAIN, RICHARD C.  
199 AVE. K, SE  
Winter Haven, FL 33880**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**V  
FOUNTAIN, KEITH R.  
199 AVE K SE  
WINTER HAVEN FL**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP  
**V  
FOUNTAIN, KENDALL B.  
199 AVE K, SE  
WINTER HAVEN FL**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

SIGNATURE:

*Richard C. Fountain*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Richard C. Fountain**

**7/21/95** (940299-4475)  
Typed Name & Number