

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

FILED

Mar 28 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 # G92115 (6)  
1. Corporation Name  
SOUTHEASTERN MINING & EXPLORATION CORPORATION



Principal Place of Business: 199 AVE KSE SUITE 100 WINTER HAVEN FL 33880 US  
Mailing Address: PO BOX 1858 WINTER HAVEN FL 33882-1858 US

3. Date Incorporated or Qualified: 03/20/1984  
3a. Date of Last Report: 06/21/1996

2. Principal Place of Business: 21. 301 Third Street, N.W. Suite Apt. #, etc.: 22. Suite 214 City & State: 23. Winter Haven, FL Zip: 24. 33881 Country: 25. Polk  
2a. Mailing Address: 26. P.O. Box 780 Suite, Apt. #, etc.: 27. City & State: 28. ARMUCHEE, GA. Zip: 29. 30105 Country: 30. Floyd

4. FEI Number: 59-2421187 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: FOUNTAIN, RICHARD C. 199 AVE K SE STE 100 WINTER HAVEN FL 33880

10. Name and Address of New Registered Agent: 81. Name: FOUNTAIN, RICHARD C. 82. Street Address (P.O. Box Number is Not Acceptable): 301 Third Street, N.W. 83. Suite 214 84. City: Winter Haven FL 85. Zip Code: 33881

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: RICHARD C. FOUNTAIN (Signature) (NOTE: Registered Agent signature required when registering) DATE: 3-25-97

12. OFFICERS AND DIRECTORS

TITLE: VST	<input type="checkbox"/> DELETE
NAME: FOUNTAIN, SAMMIE B.	
STREET ADDRESS: 199 AVE. K, SE	
CITY-ST-ZIP: WINTER HAVEN FL	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: FOUNTAIN, Sammie B.	
1.3 STREET ADDRESS: 301 Third Street, N.W. Suite 214	
1.4 CITY-ST-ZIP: Winter Haven, FL 33881	
2.1 TITLE: FOUNTAIN, Richard C.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: FOUNTAIN, Richard C.	
2.3 STREET ADDRESS: 301 Third Street, N.W. Suite 214	
2.4 CITY-ST-ZIP: Winter Haven, FL 33881	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME:	
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME:	
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME:	
6.3 STREET ADDRESS:	
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 if changed, or on an attachment with an address.

SIGNATURE: (Signature) DATE: 3-25-97 DAYTIME PHONE #: 941-799-4475

CP2E034 (9/96)