

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90200 007 ***150.00

DOCUMENT # J27997

1. Corporation Name

MINERAL ENTERPRISES, INC.

Principal Place of Business

11021 N. CITRUS AVENUE
CRYSTAL RIVER FL 34428

Mailing Address

11021 N. CITRUS AVENUE
CRYSTAL RIVER FL 34428

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1986

4. FEI Number

59-2469721

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 1690 N. Foxboro Loop

Suite, Apt. #, etc.

22 City & State

23 Crystal River, FL

24 34429 25 U.S.A.

2a. Mailing Address

26 1690 N. Foxboro Loop

Suite, Apt. #, etc.

27 City & State

28 Crystal River, FL

29 34429 30 U.S.A.

9. Name and Address of Current Registered Agent

GILBERT, AMY P.
11021 N. CITRUS AVENUE
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

Gilbert, Amy P

82 Street Address (P.O. Box Number is Not Acceptable)

1690 N. Foxboro Loop

83

84 City

Crystal River

FL

85 Zip Code

34429

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME GILBERT, AMY P.
STREET ADDRESS 11021 N CITRUS AVE
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1690 N. Foxboro Loop

1.4 CITY-ST-ZIP

Crystal River, FL 34429

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE:

Amy P. Gilbert Amy P. Gilbert 1/15/99 (352) 564-0702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)