

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

FILED
Apr 23 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 # **L89786** (2)
1. Corporation Name:
BGM MINING, INC.



Principal Place of Business Mailing Address
801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803
801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803-3844

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
07/30/1990 **04/16/1996**
4. FEI Number Applied For
59-3017977 Not Applicable
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
7. Trust Fund Contribution
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C.E. BROOKS
801 N. MAGNOLIA AVENUE
SUITE 401
ORLANDO FL 32803

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CHARLES E.	1.2 NAME	
STREET ADDRESS	1255 MAJESTIC OAK DR.	1.3 STREET ADDRESS	
CITY- ST- ZIP	APOPKA FL	1.4 CITY- ST- ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, JOHN MICHAEL	2.2 NAME	
STREET ADDRESS	117 PLANTERS ROW EAST	2.3 STREET ADDRESS	
CITY- ST- ZIP	PONTE VEDRA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCLANAHAN, BILL L.	3.2 NAME	
STREET ADDRESS	887 GEORGIA AVENUE	3.3 STREET ADDRESS	
CITY- ST- ZIP	WINTER PARK FL	3.4 CITY- ST- ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, CYNTHIA M.	4.2 NAME	
STREET ADDRESS	1255 MAJESTIC OAK DRIVE	4.3 STREET ADDRESS	
CITY- ST- ZIP	APOPKA FL	4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

SIGNATURE:

C. Brooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Date

(407) 422-4474

Daytime Phone #

0084983

CR2E034 (9/96)