

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N22741 (5)
1. Corporation Name
HERNANDO COUNTY MINING ASSOCIATION, INC.



Principal Place of Business
**P O BOX 866
BROOKSVILLE FL 34605**

Mailing Address
**P O BOX 866
BROOKSVILLE FL 34605**

3. Date Incorporated or Qualified
09/29/1987

3a. Date of Last Report
05/01/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2737712		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent

**MASON, JOSEPH M. JR.
101 MAIN SOUTH STREET
BROOKSVILLE FL 34601**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEDIGOVICH, SAM	1.2 NAME	
STREET ADDRESS	35553 CORTEZ BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEBSTER FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Director - PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERMATTEO, JOSEPH J.	2.2 NAME	
STREET ADDRESS	11430 CAMP MINE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	2.4 CITY - ST - ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSSAN, JAMES A.	3.2 NAME	
STREET ADDRESS	14556 PONCE DE LEON BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, DON	4.2 NAME	
STREET ADDRESS	16301 PONCE DE LEON BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKSVILLE FL	4.4 CITY - ST - ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDERSON, WALLY	5.2 NAME	MICHAEL M C HUGH
STREET ADDRESS	16343 PONCE DE LEON BLVD	5.3 STREET ADDRESS	16343 PONCE DE LEON BLVD
CITY - ST - ZIP	BROOKSVILLE FL	5.4 CITY - ST - ZIP	BROOKSVILLE, FLA
TITLE	<input type="checkbox"/> DELETE	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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)