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Jan 22, 1999 8:00am  
Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N22741

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

09/29/1987

4. FEI Number

59-2737712

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

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

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
MEDIGOVICH, SAM  
35553 CORTEZ BLVD.  
WEBSTER FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
PIERMATTEO, JOSEPH J.  
11430 CAMP MINE RD.  
BROOKSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DV  
CROSSAN, JAMES A.  
14556 PONCE DE LEON BLVD  
BROOKSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
KELLY, DON  
16301 PONCE DE LEON BLVD  
BROOKSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MICHAEL MCHUGH  
16343 PONCE DE LEON BLVD.  
BROOKSVILLE FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
J. J. Piermatteo 1/5/99

Date

Daytime Phone #

352-799-7881

CR2E037 (11/98)