


FILE NOW: FILING FEE IS \$61.25

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Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90068 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001449					
1. Corporation Name FLORIDA MINERALS ASSOCIATION, INC.					
Principal Place of Business 1101 NORTH MADISON STREET QUINCY FL 32351			Mailing Address 1101 NORTH MADISON STREET QUINCY FL 32351		
2. Principal Place of Business 21 P.O. Box 7659 Suite, Apt. #, etc. 22 City & State 23 Tallahassee, FL Zip 24 32314-7659		2a. Mailing Address 25 P.O. Box 7659 Suite, Apt. #, etc. 26 City & State 27 Tallahassee, FL Zip 28 32314-7659		3. Date Incorporated or Qualified 03/17/1997 4. FEI Number APPLIED FOR 91-1910120 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent LEWIS, STEVE LEWIS, LONGMAN & WALKER, P.A. 125 S. GADSDEN STREET, SUITE 300 TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent 81 Name Frank Matthews 82 Street Address (P.O. Box Number is Not Acceptable) Hopping Green Sams & Smith 83 123 Calhoun Street 84 City Tallahassee 85 FL 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 Frank Matthews FRANK MATTHEWS 2/2/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP PD WILLIAMS, DAVID 1101 N MADISON ST QUINCY FL 32351-9640			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TD BATTS, MICHAEL S 2916 E PARK AVE TALLAHASSEE FL 32301			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP D SLOAN, GRAEME RGC, 1223 WATNER RD GREEN COVE SPGS FL 32403-4623			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP SD BROWN, RICK MFM, 3300 SW 34TH AVE OCALA FL 32674			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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 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

3/17/99

Date

850/878-3331

Daytime Phone #

CR2E037 (1/98)