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Mar 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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



21	2. Principal Place of Business P.O. Box 7659	2a. Mailing Address P.O. Box 7659	3. Date Incorporated or Qualified 03/17/1997
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number APPLIED FOR 91-1910120
23	City & State Tallahassee, FL	27. City & State Tallahassee, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 32314-7659	28. Zip 32314-7659	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	29. Country USA	

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
 123 Calhoun Street
 84 City Tallahassee 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 Frank Matthews FRANK MATTHEWS DATE 2/2/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DAVID	
STREET ADDRESS	1101 N MADISON ST	
CITY-ST-ZIP	QUINCY FL 32351-9640	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BATTS, MICHAEL S	
STREET ADDRESS	2916 E PARK AVE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SLOAN, GRAEME	
STREET ADDRESS	RGC, 1223 WATNER RD	
CITY-ST-ZIP	GREEN COVE SPGS FL 32403-4623	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, RICK	
STREET ADDRESS	MFM, 3300 SW 34TH AVE	
CITY-ST-ZIP	OCALA FL 32674	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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: McN... SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/17/99 Daytime Phone #: 850/878-3331

CR2E037 (1/98)