Mar 12, 1999 8:00 am Secretary of State

03-12-1999 90017 014 \*\*\*450.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P25152

<ol> <li>Corporation</li> </ol>	n Name				1					
RGC (USA) MINERALS INC.							(B) B) B) B) B) B) B) B)		III 81811 1881	
Principal Place	e of Business	Mailing Address		<u></u>				6131  618	RI GIJIH IACI	
1223 WARNER RD 1223 WARNER RD										
GREEN COVE FL 32043 GREEN COVE FL 32043					DO NOT WRITE IN THIS CRACE					
US US					2.00	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
					1 **	//11/1989				
2 Principal P	lace of Business	2a. Mailing Address				Number		App	lied For	
21		26			59	-2931722		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					¬ \$8	.75 Ad	ditional	
22		27			5. C	ertifcate of Status Desired		ee Req	uired	
City & State	e	City & State			6. Ek	ection Campaign Financing		5.00 M		
23		28				ust Fund Contribution	<u>^</u>	dded to	Fees	
Zip	Country	Zip	Country	'	1	is corporation owes the current			∃No	
24	[25]	<del></del>	30			ersonal Property Tax.	Ye			
	9. Name and Address of Curren	t Registered Agent	81	Name	1Ų. N	ame and Address of New Reg	istered Agent			
SCOTT, J.L.										
1223 WARNER RD				Street Address (P.O. Box Number is Not Acceptable)						
GREEN COVE SPRINGS FL 32043								-		
			L				T-2-			
			84	City		•	FL 85	Zip Co	ode	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	s, the abov	! e-named co	orporation su	bmits this statement for the pur	mose of chang	ing its r	egistered	
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	horized by	the corpora	ation's board	d of directors. I hereby accept the	ne appointmen	t as regi	stered	
	m lamiliai with, and accept the obliga	libits of, occion our lood, from	Ja Olalolo.	·•						
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable. (NOTE: F	Registered Age	nt signature requ	uired when reins	tating)	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			DITIONS/CHANGES TO OFFIC				
TITLE	P	☐ DELETE	1.1 TITLE	I .	Directo	_		hange	Addition	
NAME	SLOAN, G J		1.2 NAME			₹₹¹Sa1e				
STREET ADDRESS	1223 WARNER ROAD					St. John Church R				
CITY-ST-ZIP	GREEN COVE SPRGS FL	C per ere	1.4 CITY-9		•	Creek, VA 23882-	·01 <u>29                                    </u>	hange	Addition	
TITLE	DV	☐ DELETE	2.1 TITLE	[	Directo	or za ziê McKenziê	L	nango	, radillon	
NAME	BRINDLE, R.J		2.2 NAME							
STREET ADDRESS	1223 WARNER ROAD			TADDRESS /	1223nWa	rnersBoad Brings, FL	32043		ı	
CITY-ST-ZIP	GREEN COVE SPRG. FL	☐ DELETE	2.4 CITY-	S1-2IP \	OT CCIT C	ove opinigs, it		hange	☐ Addition	
TITLE	DST SCOTT, JIMMIE L.		3.2 NAME	. -		ينتف بنيد يارينيه التراا الند		·	_	
NAME STREET ADDRESS	1223 WARNER ROAD		1	T ADDRESS						
CITY-ST-ZIP	GREEN COVE SPRG. FL		3.4. CITY-1							
TITLE	GILLEN DOVE OF HO. TE	☐ DELETE	4.1 TITLE					hange	Addition	
NAME			4. 2 NAME							
STREET ADDRESS				TADDRESS						
CITY-ST-ZIP			4.4 CITY- S							
TITLE		☐ DELETE	5.1 TITLE					hange	☐ Addition	
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREE	TADDRESS						
CITY-ST-ZIP			5.4 CITY-5	T-ZIP						
TITLE		☐ DELETE	6.1 TITLE					Change	☐ Addition	
NAME			6.2 NAME	1						

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 607, 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HUNE REQUIRED