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 # P34527

1. Corporation Name								
BRAZIER MINE CONSTRUCTION, INC.								
					E INDALENA (RO ILILI AZENI DILIN ELBII INDI NIDI	I PITH BIAH AMI	BIRKI BIRKI KRAL	
Principal Place of Business Mailing Address					T (BOUTON) CON INSI OLONE OLIVIO (1941 JONE) AFAI	1 BLOCK BINGS RINGS	01011 G1E(1 (001	
3125 SALINE MINE ROAD 3125 SALINE MINE ROAD								
SHAWNEETOWN IL 62984 SHAWNEETOWN IL 62984								
US						DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		ì	
					07/01/1991			
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		pplied For		
21 26				37-1204225		lot Applicable		
		Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required	
		27 -	9 State					
,		— ·	City & State .		6. Election Campaign Financing		May Be to Fees	
	28		Country		Trust Fund Contribution		I to Fees	
Zip			- -1	,	This corporation owes the current year Personal Property Tax.	l⊓tangible ☐ Yes	No	
24	9 Name and Address of Curren		<u> </u>		10. Name and Address of New Registere			
9. Name and Address of Current Registered Agent 81					to hamo pile i			
і сто	ORPORATION SYSTEM			Name				
1200 S. PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			83	1	-			
			[**	ļ				
		84	City	F	85 Zip	Code		
11 Demonst to the provisions of Sections 607 0502 and 607 1509 Florida Statutes, the above							s registered	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Age	nt signature re	quired when reinstating) DATE		 {	
12.			13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME	Brazier, William B		1.2 NAME					
STREET ADDRESS	3075 SALINE MINE ROAD		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	SHAWNEETOWN IL		1.4 CITY-S	ST-ZIP				
TITLE	VST	☐ DELETE	2.1 TITLE			☐ Change	e Addition	
NAME	Brazier, Elizabeth		2.2 NAME	-			İ	
STREET ADDRESS	3075 SALINE MINE ROAD		2.3 STREE	TADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	31 TITLE		_	Change	Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			☐ Change	e ☐ Addition	
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS				ì	
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE	į		☐ Change	e ☐ Addition	
NAME	•	1	6.2 NAME	- 1				
STREET ADDRESS	}		6.3 STREE	TADORESS				

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

FILED

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90144 030 ***150.00