FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39411** **(4)**

1. Corporation Name

RGC (USA) EXPLORATION INC.

Principal Place of Business

6196 LAKE GRAY BLVD
UNIT #109
JACKSONVILLE FL 32244-5867
US

Mailing Address

1223 WARNER ROAD
GREEN COVE SPRINGS FL 32043-4623
US

3. Date Incorporated or Qualified: 06/23/1992

3a. Date of Last Report: 01/31/1995

4. FEI Number: 59-3095165 — 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 1223 WARNER ROAD
Suite, Apt. #, etc.
22
City & State
23 GREEN COVE SPRINGS, FL
Zip 24 32043-4623
Country 25 USA

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

9. Name and Address of Current Registered Agent

SCOTT, J. L.
C/O RGC (USA) MINERAL SANDS INC.
1223 WARNER ROAD
GREEN COVE SPRINGS FL 32043

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 607.0502 and 607.1506, 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 of a corporate officer or registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MOORE, G. P.	
STREET ADDRESS	1223 WARNER RD.	
CITY-ST-ZIP	GREEN COVE SPNG. FL	
TITLE	DS	☐ DELETE
NAME	SCOTT, J. L.	
STREET ADDRESS	1223 WARNER RD.	
CITY-ST-ZIP	GREEN COVE SPNG. FL	
TITLE	DV	☐ DELETE
NAME	ELDER, JOHN	
STREET ADDRESS	123 WARNER ROAD	
CITY-ST-ZIP	GREEN COVE SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: J. L. SCOTT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 (904)284-9832 ext 401
Date Daytime Phone #