

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 # P93000088483 (1)

1. Corporation Name

GOLD MINE PUBLICATIONS AND MAGAZINES, INCORPORATED



Principal Place of Business

24 SW HOLLYWOOD BLVD #4
FT. WALTON BEACH FL 32548
US

Mailing Address

245 S.W. HOLLYWOOD BLVD. #4
FT. WALTON BEACH FL 32548

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

24 S.W. Hollywood Blvd #4

27

Suite, Apt. #, etc

28

City & State

29

Zip

Country

30

3. Date Incorporated or Qualified

12/28/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2782574

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

9. Name and Address of Current Registered Agent

KIMREY, ROBERT L
24 SW HOLLYWOOD #4
FT. WALTON BEACH FL 32548

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 607.0532 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 607.0535, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and date of appointment)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

KIMREY, ROBERT L

STREET ADDRESS

24 SW HOLLYWOOD BLVD #4

CITY - ST - ZIP

FT WALTON BEACH FL

TITLE

D

☐ DELETE

NAME

KIMREY, DEBBIE S

STREET ADDRESS

24 SW HOLLYWOOD BLVD. #4

CITY - ST - ZIP

FT WALTON BCH FL

TITLE

D

☐ DELETE

NAME

KIMREY, WILLIAM T

STREET ADDRESS

501 DAVIS ST

CITY - ST - ZIP

BURLINGTON NC 27215

TITLE

D

☐ DELETE

NAME

KIMREY, FRANCES S

STREET ADDRESS

501 DAVIS ST

CITY - ST - ZIP

BURLINGTON NC 27215

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert L. Kimrey

5/1/95

904 244-0946

Daytime Phone #

CR2E034 (12/95)