

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 APR 18 PM 3:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P94000080706 (2)

1. Corporation Name
R.E.M. Resources, Inc

Principal Place of Business Mailing Address

Route 4 Box 4435 Route 4 Box 4435
Monticello FL 32344 Monticello FL 32344

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

3. Date Incorporated or Qualified
11/03/94

3a. Date of Last Report

4. FEI Number
59-3276927

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

Knowles, Michael L.
Route 4 Box 4435
Monticello FL 32344

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

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 _____ DATE _____
(Signature must be printed name of registered agent and the date of signature) (NOTE: Registered Agent signature required when registering) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P.
NAME	P.J. Basmussen
STREET ADDRESS	Route 4 Box 4435
CITY ST ZIP	Monticello FL 32344
TITLE	M.
NAME	Michael L. Knowles
STREET ADDRESS	Route 4 Box 4435
CITY ST ZIP	Monticello FL 32344
TITLE	S.
NAME	Evelyn S. Knowles
STREET ADDRESS	Route 4 Box 4435
CITY ST ZIP	Monticello FL 32344
TITLE	C.
NAME	Salvatore L. Palmisano III
STREET ADDRESS	Route 4 Box 4435
CITY ST ZIP	Monticello FL 32344
TITLE	D.
NAME	Christopher R. Mitchell
STREET ADDRESS	Route 4 Box 4435
CITY ST ZIP	Monticello FL 32344
TITLE	R.
NAME	Richard A. Knowles
STREET ADDRESS	Route 4 Box 4432
CITY ST ZIP	Monticello FL 32344

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	4000001460024
14 CITY ST ZIP	04/18/95-01032-004
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	4442200.00
24 CITY ST ZIP	4442200.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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 110.07(3)(b), Florida Statutes. I 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 of this report, or in an attachment with an address.

SIGNATURE: **Salvatore Palmisano III** **4/17/95** **9049972959**

(Signature must be printed name of signing officer or director) (DATE) (SYSTEM NUMBER)