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 # P95000067219 (2)

1. Corporation Name
EMERALD LAKE MINE, INC.

10000184146l
-05/28/96--01055--007
***225.00

Principal Place of Business
1416 MEADOWBROOK AVENUE
LAKELAND FL 33803

Mailing Address
1416 MEADOWBROOK AVENUE
LAKELAND FL 33803

3. Date Incorporated or Qualified: 08/30/1995
3a. Date of Last Report: N/A

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3338372 ☐ 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**

BUTNER, TED
1416 MEADOWBROOK AVENUE
LAKELAND FL 33803

10. **Name and Address of New Registered Agent**

81 Name: Britt Suzzane
82 Street Address (P.O. Box Number is Not Acceptable): 1416 Meadowbrook Ave
83
84 City: LAKELAND FL 85 Zip Code: 33803

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] Suzzane Britt 4/27/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	BUTNER, TED	
STREET ADDRESS	1416 MEADOWBROOK AVENUE	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	VD	☒ DELETE
NAME	ARNOTT, KEVIN	
STREET ADDRESS	35230 DEWI ROAD	
CITY-ST-ZIP	DADE CITY FL 33525	
TITLE	STD	☐ DELETE
NAME	BRITT, SUZZANE	
STREET ADDRESS	1416 MEADOWBROOK AVENUE	
CITY-ST-ZIP	LAKELAND FL 33803	
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	PD	☒ Change ☐ Addition
1.2 NAME	Britt, Suzzane	
1.3 STREET ADDRESS	1416 Meadowbrook Ave	
1.4 CITY-ST-ZIP	LAKELAND FL 33803	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Butner, TED	
2.3 STREET ADDRESS	1416 Meadowbrook ave	
2.4 CITY-ST-ZIP	LAKELAND FL 33803	
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)(x), 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: Suzzane Britt [signature] 4/27/96 952-523-2256
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #