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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000076928 (7)

DIAMOND MAY MINING COMPANY

| Principal Place of Business                   | Mailing Address                                                                          |
|-----------------------------------------------|------------------------------------------------------------------------------------------|
| ONE PROGRESS PLAZA<br>ST. PETERSBURG FL 33701 | C/O FRY, PAULINE<br>ONE PROGRESS PLAZA. SUITE 2800<br>ST. PETERSBURG FL 33701-4353<br>US |

**FILED** Mar 11 1997 8:00am Secretary of State



| ONE PROGRESS PLAZA<br>ST. PETERSBURG FL 33701                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   | Mailing Address C/O FRY, PAULINE ONE PROGRESS PLAZA. SUITE 2800 ST. PETERSBURG FL 33701-4353 US |                                                                                                                                                                                                                                                  | 3. Date Incorporated or Qualified 3a. Date of Last Report                            |                                                    |                   |                             |                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|----------------------------------------------------|-------------------|-----------------------------|-------------------------------------|
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                      | 10/06/1995                                         | 03/25/            | 11996                       |                                     |
| 2. Principal                                                                                                                                                                                                                   | Place of Business                                                                                                                                                                                                                                                                                                                 | 2a. Mailing Address                                                                             |                                                                                                                                                                                                                                                  | 71.11                                                                                | 4. FEI Number                                      |                   | ·                           | pplied For                          |
| 11                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                   | 26                                                                                              |                                                                                                                                                                                                                                                  |                                                                                      | 65-0622351                                         |                   |                             | ot Applicable                       |
| Suite, Apt                                                                                                                                                                                                                     | t#, el≎                                                                                                                                                                                                                                                                                                                           | Suite, Apt #, etc.                                                                              |                                                                                                                                                                                                                                                  |                                                                                      | 5. Certificate of Status Desired                   |                   |                             | Additional<br>equired               |
| City & Sta                                                                                                                                                                                                                     | ate                                                                                                                                                                                                                                                                                                                               | City & State                                                                                    |                                                                                                                                                                                                                                                  |                                                                                      | 6. Election Campaign Financing                     |                   |                             | May Be                              |
| 13)                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                   | 28                                                                                              |                                                                                                                                                                                                                                                  |                                                                                      | Trust Fund Contribution                            |                   |                             | to Fees                             |
| Zφ                                                                                                                                                                                                                             | Country                                                                                                                                                                                                                                                                                                                           | Zip                                                                                             | Country                                                                                                                                                                                                                                          | /                                                                                    | 8. This corporation has liability for in           | ntangible tax     |                             |                                     |
| 24                                                                                                                                                                                                                             | 25                                                                                                                                                                                                                                                                                                                                | 29                                                                                              | 30                                                                                                                                                                                                                                               |                                                                                      |                                                    | Yes 🗍 i           |                             |                                     |
|                                                                                                                                                                                                                                | 9. Name and Address of Cur                                                                                                                                                                                                                                                                                                        | rent Registered Agent                                                                           |                                                                                                                                                                                                                                                  |                                                                                      | 10. Name and Address of New Reg                    | istered Age       | nt                          |                                     |
| FR                                                                                                                                                                                                                             | Y, PAULINE M                                                                                                                                                                                                                                                                                                                      |                                                                                                 | 81                                                                                                                                                                                                                                               | Name                                                                                 |                                                    |                   |                             |                                     |
| ON                                                                                                                                                                                                                             | NE PROGRESS PLAZA                                                                                                                                                                                                                                                                                                                 |                                                                                                 | 82                                                                                                                                                                                                                                               | Street Add                                                                           | dress (P.O. Box Number is Not Acceptable           | le)               |                             |                                     |
| \$U                                                                                                                                                                                                                            | IITE 2600                                                                                                                                                                                                                                                                                                                         |                                                                                                 |                                                                                                                                                                                                                                                  |                                                                                      |                                                    |                   |                             |                                     |
| ST.                                                                                                                                                                                                                            | . PETERSBURG FL 33701                                                                                                                                                                                                                                                                                                             |                                                                                                 | 83                                                                                                                                                                                                                                               | 1                                                                                    |                                                    |                   |                             |                                     |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | 84                                                                                                                                                                                                                                               | City                                                                                 |                                                    |                   | 35 Zip                      | Code                                |
|                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | "                                                                                                                                                                                                                                                | ,                                                                                    |                                                    | FL                |                             |                                     |
| SIGNATURE                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                   |                                                                                                 | Ore, positive de                                                                                                                                                                                                                                 | ant alameters :                                                                      | deed when an addition                              | DATE              |                             |                                     |
|                                                                                                                                                                                                                                | Stip atmostlyped or per tea mathe of registered                                                                                                                                                                                                                                                                                   |                                                                                                 |                                                                                                                                                                                                                                                  | eni signature requ                                                                   | uired when renstating)  ADDITIONS/CHANGES TO OFFIC | DATE<br>ERS AND D | BECTO                       | RS IN 12                            |
| 12.                                                                                                                                                                                                                            | Separation typed or perhap raise of regulared OFFICERS                                                                                                                                                                                                                                                                            | AND DIRECTORS                                                                                   | 13.                                                                                                                                                                                                                                              | eni signature requ                                                                   | uired when renstating) ADDITIONS/CHANGES TO OFFIC  | ERS AND D         | IRECTO                      |                                     |
| <b>12.</b>                                                                                                                                                                                                                     | Step atoms, typied or per transitive of negations of OFFICE RS a                                                                                                                                                                                                                                                                  |                                                                                                 |                                                                                                                                                                                                                                                  | ent signature requ                                                                   |                                                    | ERS AND D         |                             |                                     |
| 12.<br>THIF<br>NAME                                                                                                                                                                                                            | OFFICERS  D  KELLER, RICHARD D                                                                                                                                                                                                                                                                                                    | AND DIRECTORS                                                                                   | 13.<br>1.1 TITLE                                                                                                                                                                                                                                 |                                                                                      |                                                    | ERS AND D         |                             |                                     |
| 12.<br>THIF<br>NAME<br>STREET ABORESS                                                                                                                                                                                          | OFFICERS  D  KELLER, RICHARD D                                                                                                                                                                                                                                                                                                    | AND DIRECTORS  DELETÉ                                                                           | 13.<br>1.1 TITLE<br>1.2 NAME                                                                                                                                                                                                                     | T ADDRESS                                                                            |                                                    | ERS AND D         |                             |                                     |
| 12. THEE NAME STREET ALOHESS CITY-ST ZIP                                                                                                                                                                                       | OFFICERS  D KELLER, RICHARD D % ONE PROGRESS PLAZA                                                                                                                                                                                                                                                                                | AND DIRECTORS  DELETÉ                                                                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREET                                                                                                                                                                                                                | T ADDRESS                                                                            |                                                    | ERS AND D         |                             | Additio                             |
| 12.<br>THIF<br>NAME                                                                                                                                                                                                            | OFFICERS A  D KELLER, RICHARD D % ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR                                                                                                                                                                                                                                      | AND DIRECTORS  DELETE  1 DELETE                                                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-5                                                                                                                                                                                                     | T ADDRESS                                                                            |                                                    | ERS AND D         | Change                      | Additio                             |
| 12. THEF NAME STREET ALONESS CITY-S' ZIP BILL                                                                                                                                                                                  | OFFICERS A  D KELLER, RICHARD D  S ONE PROGRESS PLAZA ST. PETERSBURG FL 33701  D MEADE, L E JR 108 E. MAIN STREET, SUITI                                                                                                                                                                                                          | AND DIRECTORS  DELETE  1 DELETE                                                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-5 2.1 TITLE                                                                                                                                                                                           | I ADDRESS<br>St - Zip                                                                |                                                    | ERS AND D         | Change                      | Additio                             |
| TILE NAME STEFFT ALUHESS CITY-S1 ZIP THE NAME STREET AUDIFESS CITY-S1-ZIP                                                                                                                                                      | OFFICERS  D KELLER, RICHARD D S ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI                                                                                                                                                                                                              | AND DIRECTORS  DELETE  1  DELETE                                                                | 13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE* 2.4 CITY-                                                                                                                                                             | I ADDRESS<br>ST-ZIP                                                                  |                                                    | ERS AND D         | Change<br>Change            | Additio                             |
| THE NAME STAFF LAURESS CITY-S1 - ZIP BITTE NAME STREET ADDRESS CITY-S1-ZIP THE F                                                                                                                                               | OFFICERS  D KELLER, RICHARD D S ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI KINGSPORT TN DP                                                                                                                                                                                              | AND DIRECTORS  DELETE  1 DELETE                                                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE                                                                                                                                                     | I ADDRESS<br>ST-ZIP                                                                  |                                                    | ERS AND D         | Change                      | Additio                             |
| TILE NAME STEET ALUNESS CITY-S1 ZIP BILE NAME STREET ALURESS CITY-S1-ZIP TILE NAME                                                                                                                                             | OFFICERS.  D KELLER, RICHARD D S ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI KINGSPORT TN DP MULLINS, BRAXTON B                                                                                                                                                                          | AND DIRECTORS  DELETE  1 DELETE  E 210 DELETE                                                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME                                                                                                                                            | I ADDRESS<br>ST-ZIP<br>I ADDRESS<br>ST-ZIP                                           |                                                    | ERS AND D         | Change<br>Change            | Additio                             |
| THE NAME STREET ALURESS CITY STORP BITE NAME STREET ADDRESS CITY STORP TITE I NAME STREET ADDRESS                                                                                                                              | OFFICERS  D KELLER, RICHARD D SONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI KINGSPORT TN DP MULLINS, BRAXTON B KENTUCKY ROUTE 1088, Y                                                                                                                                                     | AND DIRECTORS  DELETE  1 DELETE  E 210 DELETE                                                   | 13. 1.1 TITLE 1.2 NAME 1.3 STREE! 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE                                                                                                                                 | I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS                                          |                                                    | ERS AND D         | Change<br>Change            | Addition                            |
| TILE NAME STEET ALUBESS CITY-S1 ZIP BITE NAME STREET ALUBESS CITY-S1-ZIP TITE-E NAME STREET ADDRESS CITY-S1-ZIP TITE-E NAME                                                                                                    | OFFICERS.  D KELLER, RICHARD D % ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI KINGSPORT TN DP MULLINS, BRAXTON B KENTUCKY ROUTE 1088, Y SASSAFRAS KN                                                                                                                                      | AND DIRECTORS  DELETE  1  DELETE  E 210  DELETE                                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-                                                                                                                        | I ADDRESS ST-ZIP I ADDRESS ST-ZIP I ADDRESS                                          |                                                    | ERS AND D         | Change Change               | Additio                             |
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| TILE NAME STEFFT ACCRESS CITY STORP BITTE NAME STREET ACCRESS CITY STORP TITE F NAME STREET ACCRESS CITY STORP TITE NAME NAME                                                                                                  | OFFICERS.  D KELLER, RICHARD D % ONE PROGRESS PLAZA ST. PETERSBURG FL 33701 D MEADE, L E JR 108 E. MAIN STREET, SUITI KINGSPORT TN DP MULLINS, BRAXTON B KENTUCKY ROUTE 1088, Y SASSAFRAS KN VPT BOMBINO, MICHAEL V                                                                                                               | AND DIRECTORS  DELETE  1  DELETE  E 210  DELETE                                                 | 13. 1.1 TITLE 1.2 NAME 1.3 STREEI 1.4 CITY-5 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY-4.1 TITLE 4.2 NAME                                                                                                      | I ADDRESS<br>ST-ZIP<br>I ADDRESS<br>ST-ZIP<br>I ADDRESS<br>ST-ZIP                    |                                                    | ERS AND D         | Change Change               | Additio                             |
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I do hereby certify that the information supplied with this thing does not quality for the exemption stated in Section 119.07(3)(), Florida Statules, 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 correction or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

Kathlaen M, Haley, Secretary 3