SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 02/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). PROFIT FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 98 AUG 11 PH 3: 22 1998 DIVISION OF CORPORATIONS **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE, FLORIDA P96000004222 (1) 1. Corporation Name MIDWAY MINING AND SAND, INC. Principal Place of Business Mailing Address **490 CARVER ROAD 490 CARVER ROAD** ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/12/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 26 21 65-0640163 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Country Žip Country Zin This corporation owes or has paid the current year Intangible Yes □Ño 29 30 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HOUSTON, THOMAS **490 CARVER ROAD** Street Address (P.O. Box Number is Not Acceptable) R2 ROCKLEDGE FL 32955 83 84 City Zip Code 85 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent algorature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DVST TITLE DELETE 1.1 TITLE Change NAME HOUSTON, MARY E 1.2 NAME **400002616644** -08/14/98--01071--014 STREET ADDRESS 490 CARVER ROAD 1.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 1.4 CITY ST-ZIP TITLE 2.1 TITLE DELETE HOUSTON, THOMAS L NAME 2.2 NAME 490 CARVER ROAD STREET ADDRESS 2.3 STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE DELETE Addition Channe NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(3)(i), 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:

407 637 68 18

CR2E034 (5/98)







490 CARVER RD ROCKLEDGE, FL. 32955 (305)832 - 0818 -- (305)632 - 0828

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July 9, 1998

To: Division of Corporation

Attention: Leslie

As per our conversation on July 7, 1998 I was instructed to write this letter to confirm that on April 24, 1998, I Mary Houston mailed four Profit Corporation Annual Reports. They were sent by mail and had separate checks for each of the four corporations. As you have not yet recieved them I will be sending them return reciept on July 9, 1998. Hopefully this will clear up this problem.

Thank you in advance,

Mary Houston