**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## P97000024000 DOCUMENT #

1. Corporation Name

EARTH MATERIALS MINING, INC.

Principal Place of Business

Mailing Address

## Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90234 019 \*\*\*150.00



91 BARTOW FL 33		400 NORTH 91 MINE ROAD BARTOW FL 33830				DO NOT WRI  3. Date Incorporated or Qualifed  03/18/1997	TE IN THIS	SPACE	<u> </u>	
Principal Place of Business     Za. Mailing Address						4. FEI Number	<del></del>		Ann	lied For
21	1200 01 200 11002	26							Applicable	
Suite, Apt.	# etc	<del></del>	Suite, Apt. #, etc.			\$8.75 Additions				
22	· ·	27				5. Certificate of Status Desired				
City & State	è	City & State	<del></del>			6. Election Campaign Financing \$5.00 May Be				
23		28	<del></del>			Trust Fund Contribution Added to Fees				
Zip	Country	Zip	, Cour	itry		· ·	s corporation owes the current year Intangible			
24	25 29 30					Personal Property Tax.				_No
Name and Address of Current Registered Agent						10. Name and Address of New F	Registered .	Agent		
TICE	CAMBELA		ļ	81	Name					į
TICE, SAMUEL A 400 N 91 MINE ROAD				82	Street Addres	ss (P.O. Box Number is Not Accepta	ible)			
BARTOW FL 33830				83						
				84	City	· FL			85 Zip Code	
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 signature regulined when reinstating)  DATE										
12. OFFICERS AND DIRECTORS 13.				-cgent	signature required t	ADDITIONS/CHANGES TO OF		D DIRE	CTOR	S IN 12
TITLE			1,1 TTR	<del></del>		102.10/11			Addition	
NAME	TICE, SAMUEL A		1.2 NAME		ł			_		
	ACC MODEL OF BUILD BOAD			1.3 STREET ADDRESS						Ì
STREET ADDRESS	BARTOW FL 33830		1.4 CITY-ST-ZIP							ļ
Crry-st-zip	VD.				·ZIP			Cha	000	Addition
	TICE. DAVID H	ריי סבררים	2.1 TITLE		. }			L.J UIIA	90	
NAME	400 NORTH 91 MINE ROAD		2.2 NAME		100=500					ļ
STREET ADDRESS				2.3 STREET ADDRESS						}
CITY-ST-ZIP	BARTOW FL 33830	☐ DELETE	2.4 CIT		-ZIP	<del></del>	· · -			Addition
TITLE )		LJ DECEIE	3.1 TITLE			•		LJUIA	ng¢	☐ MODITORI
NAME	TICE, JULIA C		3.2 NAME							
STREET ADDRESS				3 STREET ADDRESS						}
CiTY-ST-ZiP	BARTOW FL 33830	C DELETE	3.4. CITY-		-ZIP			F10+-		T A delicion
TITLE		☐ DELETE	4.1 TITLE					Cha	nge	☐ Addition
NAME	• •		4, 2 NAI				, .			
STREET ADDRESS		,	1		ADDRESS					}
CITY-ST-ZIP		Florists	4.4 CITY		202			C7 Cha		Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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, with all other like empowered. 533~4920

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CiTY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition