FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

r. Corporat	JMENT # P9700 NATIONAL MINING & PRO								
Principal Pla	ace of Business	Mailing Address				T (801/68) (IN 1811 (884) BOTH WORK BUTT ONEN INDEX (814			
8680 N. ATU CAPE CANAV	P.O. BOX 1630 Cape Canaveral FL 32920				DO NOT WRITE IN THIS SPAC				
						3. Date Incorporated or Qualifed 10/13/1997			
2. Principal	Place of Business	2a. Mailing Address			4. FEI Number 59-3487375				
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired XX F				
City & St	tate [*]	City & State =			6. Election Campaign Financing Trust Fund Contribution				
Zip	Country 25	Zip 29 3	Countr	у	8. This corporation owes the current year Intangible Personal Property Tax.				
	9. Name and Address of Cur	rrent Registered Agent				10. Name and Address of New Registered Agent			
ST 86		81	'''	ress (P.O. Box Number is Not Acceptable)					
C/	APE CANAVERAL FL 32920		83	3					
		•	84	Ci	ty	FL 85			
office o	r registered agent, or both, in the St	0502 and 607.1508, Florida Statutes ate of Florida. Such change was aut digations of, Section 607.0505, Florid	norized by	/ the /	med corp corporati	poration submits this statement for the purpose of changi on's board of directors. I hereby accept the appointment			
SIGNATUR	E Signature, typed or printed name of registered	agest and title if nonlingble /NOTE: D.	ngjetarad Agi	ent sion	ature require	ad when reinstating) DATE			
12.		AND DIRECTORS	13.	5-811		ADDITIONS/CHANGES TO OFFICERS AND DIR			
TITLE	C per exe								
NAME	STOTTLER, RICHARD H JR		1.2 NAME		-				

FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90166 006 ***158.75



Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

□No

			84	City		FL	85 Zip C	ode				
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 signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTO	RS	13.		ADDITIONS/CHANGES TO	OFFICERS AN	DIRECTO					
TITLE	DP	☐ DELETE	1,1 TITLE				☐ Change	☐ Addition				
NAME ;	STOTTLER, RICHARD H JR		1.2 NAME					}				
STREET ADDRESS	8680 N. ATLANTIC AVE.		1.3 STREET	ADDRESS								
CITY-ST-ZIP	CAPE CANAVERAL FL 32920		1.4 CITY-ST	-ZIP								
TITLE	DV	DELETE	2.1 TITLE				☐ Change	Addition				
NAME	ABEL. RALPH		2.2 NAME									
STREET ADDRESS	P.O. BOX 321 (NA)		2.3 STREET	ADDRESS								
CITY-ST-ZIP	LECANTO FL 34460-0321		2.4 CITY-S	T-ZIP								
TITLE		☐ DELETE	3.1 TITLE				☐ Change	☐ Addition				
NAME	•		3.2 NAME					i				
STREET ADDRESS	•		3.3 STREET	ADDRESS								
CITY-ST-ZIP	•		3.4. CITY-S	T-ZIP								
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition				
NAME			4, 2 NAME									
STREET ADDRESS			4.3 STREET	ADDRESS				ļ				
CITY-ST-ZIP			4,4 CITY-ST	-ZIP			_					
TITLE		☐ DELETE	5.1 TITLE				Change	☐ Addition)				
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								
C(TY-ST-ZIP			6.4 CITY-ST									
14. I hereby	certify that the information supplied with this filing of	loes not qualify for t	the exempti	on stated in Se	ection 119.07(3)(i), Florida Statut	tes. I further cert	ify that the in	nformation				

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 ar 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.

SIGNATURE: CHASE STORMATURICHARD H. Stottler, Jr., Pres.

4/27/99

(407) 783-1320