## 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

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

05-04-1999 90165 025 \*\*\*150.00

DOCUMENT #	P98000059026
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SILVER MINE OF PENSACOLA, INC.		
Principal Place of Business	Mailing Address	
120 CHIEFS WAY, STE. 13 PENSACOLA FL 32507	120 CHIEFS WAY, STE. 13 PENSACOLA FL 32507	
2 Principal Place of Rusiness	2a Mailing Address	

	DO NOT WRITE IN THIS SPACE
Ì.	Date Incorporated or Qualifed
	07/04/1009

			07/01/1998	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 120 Chiefs WAY	26		54-3514554	Not Applicable
Şuite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 PENSAROUA FL	City & State		, 6. Election Campaign Financing - Trust Fund Contribution	Added to Fees
24 39507 25 USA	Zip Co 29 30	untry	Personal Property Tax.	Yes □No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	1 Agent
COBURGER, JONATHAN P		81	Name	
5916 BENDER DRIVE		82	Street Address (P.O. Box Number is Not Acceptable)	
PENSACOLA FL 32507	Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip  No  No  No  No  No  No  No  No  No  N			
		84	City	85 Zip Code

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, and accept the obligations of Section 607,0505. Florida Statutes

SIGNATURE Signature, t	yped or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature in		DATE .	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTO	
TITLE POS	SIDENT	ELETE 1.1 TITLE		Change	Addition
NAME JONA	THAN P. COBURGER	1.2 NAME	· ·		
STREET ADDRESS 5916	BENDER DR ACOLA, FL 32526	1.3 STREET ADDRESS			
CITY-ST-ZIP	ACOLA PL 32526	1.4 CITY-ST-ZIP			
TITLE	QD	ELETE 2.1 TITLE		☐ Change	Addition
NAME		2.2 NAME			
STREET ADDRESS	•	2.3 STREET ADDRESS			
CITY-ST-ZIP	,	2. 4 CITY-\$T-ZIP			
TITLE	D	ELETE 3.1 TITLE		☐ Change	Addition
NAME		3.2 NAME			
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP		3.4. CITY-ST-ZIP		<del></del>	
TITLE ,		ELETE 4.1 TITLE		Change	☐ Addition
NAME		4. 2 NAME		•	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u> </u>		
TITLE		ELETE 5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME	}		,
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP	·		
TITLE		ELETE 6.1 TITLE		Change	☐ Addition
NAME		6.2 NAME			
STREET ADDRESS		6.3 STREET ADDRESS	}		
i			ł		

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 appliedness, with all other like empowered.

SIGNATURE:

4-19-99