

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90018 003 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000080653

1. Corporation Name
K.M.A. MINING, INC.



Principal Place of Business 2808 MANATEE AVENUE WEST BRADENTON FL 34205	Mailing Address 2808 MANATEE AVENUE WEST BRADENTON FL 34205
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **366 PINEVIEW DR.**

Suite, Apt. #, etc.

22 City & State
VENICE, FL

23 Zip
34293

Country
USA

2a. Mailing Address
26 **SAME**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
09/14/1998

4. FEI Number
65-0909764

Applied For
No Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OZARK, DAMIAN M ESQUIRE~~
~~OZARK & PERRON, P.A.~~
~~2808 MANATEE AVENUE WEST~~
~~BRADENTON FL 34205~~

81 Name **PAUL NIENABER**
82 Street Address (P.O. Box Number is Not Acceptable)
366 PINEVIEW DR.
83
84 City **VENICE** FL 85 Zip Code **34293**

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 *Paul Nienaber*

DATE **4/26/99**

Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	RITZMANN, THOMAS
STREET ADDRESS	P.O. BOX 3896 N/A
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, ANTHONY JAMES
STREET ADDRESS	P.O. BOX 3896 N/A
CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> DELETE
NAME	PAUL NIENABER
STREET ADDRESS	366 PINEVIEW DR.
CITY-ST-ZIP	VENICE, FL 34293
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Paul Nienaber, SECRETARY*

4-26-99

941.408.0348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)