

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S42407** (4)

1. Corporation Name

MARY MINING COMPANY, INC.



Principal Place of Business

**707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407**

Mailing Address

**707 NORTH FLORIDA AVENUE
TAMPA FL 33602-4407**

2. Principal Place of Business

21 State, Apt. #, etc.
22 City & State

23 Zip
24 Country

2a. Mailing Address

26 State, Apt. #, etc.
27 City & State

28 Zip
29 Country

9. Name and Address of Current Registered Agent

**MCLEAN, WILLIAM C. JR.
707 NORTH FLORIDA AVENUE
TAMPA FL**

3. Date Incorporated or Qualified
04/01/1991

3a. Date of Last Report
02/01/1995

4. FEI Number
65-0254548

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 193.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person named as officer, director, or registered agent

(Note: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	MCLEAN, WILLIAM C JR	
STREET ADDRESS	707 FLORIDA AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPS	☐ DELETE
NAME	MITCHELL, RICHARD T.	
STREET ADDRESS	5222 6TH AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William C. McLean Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96 (813) 223-4785
DATE DAYPHONE #

CR2E034 (12/95)