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

DOCUMENT # F95000005191 1. Corporation Name

UNITED COPPER INDUSTRIES, INC.

Principal Place of Business

1110 EXECUTIVE DR

Mailing Address

P O BOX 2617

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90072 020 ***158.75



SUITE 500 COPPELL TX 75019 US	COPPELL TX 75019 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
			10/24/1995			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21 2727 Geesling Road	26 2727 Geesline	Road	74-2401528	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	J	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 Denton TX	28 Denton, TX		Trust Fund Contribution	Added to Fees		
Zip Country		untry	8. This corporation owes the current year Ir	ntangible		
24 76208 25 U.S.	29 76208 30	u.S.	Personal Property Tax.	☐ Yes 🛂Ño		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		81 Name				
GUNN-CREEL * ASSOCIATES, INC. 9870 CURRIE DAVIS DR		82 Street Address (P.O. Box Number is Not Acceptable)				
		62 Street Addit	ess (i .O. Box Haimber is Not Acceptable)			
TAMPA FL 33619		83				

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.

City

SIGNATURE (AVOTS: Penutaged Agent complete required when reinstalling). DATE									
Signature, typed or printed name or registered agent and title if applicable.									
12.	OFFICERS AND DIRECTORS			Change	Addition				
TITLE	DT DELETE	1.1 TITLE	secretary	[#] Onange	C_1 radiiioi i				
NAME	BROWN, J D	1.2 NAME	Secretary Brown. J.D. 1754 Timber Ridge Circle Corinth, TX 76205						
STREET ADDRESS	121 OLE HICKORY TRAIL	1.3 STREET ADDRESS	1754 Timber Ridge Circle						
CITY-ST-ZIP	CARROLLTON GA 30117	1.4 CITY-ST-ZIP	Corinth, TX 76205						
TITLE	☐ DELETE	2.1 TITLE	·	☐ Change	Addition				
NAME		2.2 NAME			J				
STREET ADDRESS		2.3 STREET ADDRESS]				
CITY-ST-ZIP		2. 4 CITY-ST-ZIP							
TITLE	☐ DELETE	31 TITLE		☐ Change	Addition				
NAME		3.2 NAME							
STREET ADORESS		3.3 STREET ADDRESS							
CITY-ST-ZIP		3.4. CITY-ST-ZIP							
TITLE	☐ DELETE	4.1 TITLE	· ·	Change	☐ Addition				
NAME		4, 2 NAME							
STREET ADDRESS	भेरी	4.3 STREET ADDRESS							
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-ST-ZIP							
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition				
NAME		5.2 NAME			1				
STREET ADDRESS		5.3 STREET ADDRESS			Í				
CITY-ST-ZIP		5.4 CITY-ST-ZIP			_ <u></u> _				
TITLE	☐ DÉLETE	6.1 TITLE		☐ Change	☐ Addition				
NAME		6.2 NAME	1						
STREET ADDRESS		8.3 STREET ADDRESS			f				
CITY-ST-ZIP		6.4 CITY-ST-ZIP							
14. I berefy 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									

Interest certify that the information supplied with this limit does not quality for the exemption stated in Section 113.07(5)(f), refude stateds. In other 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 of 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 change for on an attachment with an address, with all other like empowered.

SIGNATURE:

04-05-99

(940) 243-7676

Zip Code