FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 12 PM 9:18

DOCUMENT # **P92000002551 (9)**

1. Corporation Name
MIC-LIN, INC.

Principal Place of Business	Mailing Address
2931 SW 108 WAY DAVIE FL 33328	2931 SW 108 WAY DAVIE FL 33328

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1992	3a. Date of Last Report: 07/08/1994

2. Principal Place of Business	2a. Mailing Address
21 10724 Libby #3 Rd	26 P.O. Box 120009
Suite, Apt. #, etc. 22 Clermont, Fl	Suite, Apt. #, etc. 27 Clermont FL
City & State 23 34711 LAKE	City & State 28 34712 LAKE
24 Zip	25 County
	29 Zip
	30 County

4. FEI Number: 65-0378185 ☐ 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 § 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VEREBAY, LAYNE 190 NE 199 STREET NO MIAMI FL 33179	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: Linda P. Murphy — Linda P. Murphy — 6/5/95
(Appointed registered agent and title if applicable) (NOTE: Registered Agent signature required when filing) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MURPHY, MICHAEL J	12 NAME	Murphy, Michael J
STREET ADDRESS	2931 SW 108 WAY	13 STREET ADDRESS	P.O. Box 120009
CITY ST ZIP	DAVIE FL 33328	14 CITY ST ZIP	Clermont, FL 34712
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	MURPHY, LINDA P	22 NAME	Murphy, Linda P
STREET ADDRESS	2931 SW 108 WAY	23 STREET ADDRESS	P.O. Box 120009
CITY ST ZIP	DAVIE FL	24 CITY ST ZIP	Clermont, FL 34712
TITLE	TD	31 TITLE	TD ☒ Change ☐ Addition
NAME	MURPHY, MICHAEL J	32 NAME	Murphy, Michael J
STREET ADDRESS	2931 SW 108 WAY	33 STREET ADDRESS	P.O. Box 120009
CITY ST ZIP	DAVIE FL 33328	34 CITY ST ZIP	Clermont, Fl 34712
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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.

SIGNATURE: Linda P. Murphy — Linda P. Murphy — 6/5/95 — (904) 742-2777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (BY OFFICER OR DIRECTOR) — Date — Daytime Phone Number

0235504 CP