

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

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90127 032 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 180169**

1. Corporation Name  
**MINGO, INC.**



Principal Place of Business

Mailing Address

2433 SEGOVIA AVENUE  
~~P.O. BOX 5824~~  
 JACKSONVILLE FL 32217  
 US

2433 SEGOVIA AVENUE  
~~P.O. BOX 5824~~  
 JACKSONVILLE FL 32217  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1954

4. FEI Number

59-0760883

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 2433 SEGOVIA AVE

26 2433 SEGOVIA AVE

Suite, Apt #, etc.

Suite, Apt # etc

22 JACKSONVILLE

27 JACKSONVILLE

City & State

City & State

23 FL

28 FL

Zip

Country

24 32217

25 DUVAL

Zip

Country

29 32217

30 DUVAL

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSSI, ALEXANDRA M  
 2433 SEGOVIA AVENUE  
 JACKSONVILLE FL 32217

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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  DELETE  
 NAME MOORE, ADELE R  
 STREET ADDRESS 1864 RIVER ROAD  
 CITY-ST-ZIP JACKSONVILLE, FL 00000

11 TITLE  Change  Addition  
 12 NAME  
 13 STREET ADDRESS  
 14 CITY-ST-ZIP

TITLE VPSD  DELETE  
 NAME OSSI, ALEXANDER M  
 STREET ADDRESS 2433 SEGOVIA AVENUE  
 CITY-ST-ZIP JACKSONVILLE, FL 00000

21 TITLE  Change  Addition  
 22 NAME  
 23 STREET ADDRESS  
 24 CITY-ST-ZIP

TITLE PD  DELETE  
 NAME MOORE, PAULA M  
 STREET ADDRESS 1447 LOGAN CIRCLE  
 CITY-ST-ZIP MARIETTA, GA 00000

31 TITLE  Change  Addition  
 32 NAME  
 33 STREET ADDRESS  
 34 CITY-ST-ZIP

TITLE TD  DELETE  
 NAME MOORE, MADELINE G  
 STREET ADDRESS 1244 INDEPENDENCE WAY  
 CITY-ST-ZIP MARIETTA GA

41 TITLE  Change  Addition  
 42 NAME  
 43 STREET ADDRESS  
 44 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

51 TITLE  Change  Addition  
 52 NAME  
 53 STREET ADDRESS  
 54 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

61 TITLE  Change  Addition  
 62 NAME  
 63 STREET ADDRESS  
 64 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 time empowered.

SIGNATURE: *Alexandra M Ossi*  
 ALEXANDRA M OSSI

2/17/99

904-733-7999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Title)

Daytime Phone #

CR2E034 (1/98)