

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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90088 036 ***150.00

DOCUMENT # 303035

1. Corporation Name
HERMIL, INC.

Principal Place of Business
P.O. BOX 1363
COCOA FL 32923-1363

Mailing Address
P.O. BOX 1363
COCOA FL 32923-1363



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1966

4. FEI Number **59-1201083** Applied For
☐ Not Applicable

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

6. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAGES, MILDRED L
862 DIXON BLVD
COCOA FL 32922

81 Name **MILDRED L. WAGES**
82 Street Address (P.O. Box Number is Not Acceptable)
467 FORREST AVENUE SUITE 116
83
84 City **COCOA** FL 85 Zip Code
32922

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 ☐ DELETE
NAME **PD**
STREET ADDRESS **WAGES, MILDRED L**
CITY-ST-ZIP **862 DIXON BLVD**
COCOA FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **WAGES, MILDRED L.**
1.3 STREET ADDRESS **467 FORREST AVENUE SUITE 116**
1.4 CITY-ST-ZIP **COCOA, FLORIDA 32922**

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **WAGES-PLOTKIN, VIRGINIA L**
CITY-ST-ZIP **300 E 33RD ST #4-M**
NEW YORK NY

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TVD**
STREET ADDRESS **JOHNSON, SUSAN W**
CITY-ST-ZIP **2195 FRIDAY ROAD**
COCOA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **WAGES-DUGGAN, HELEN E.**
CITY-ST-ZIP **1090 SAINT GEORGE ROAD**
MERRITT ISLAND FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *Mildred L. Wages*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

407-636-4281

Date

Daytime Phone #

CR2E034 (11/98)

0119221