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
95 JAN 25 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 368361 (2)

1. Corporation Name
MILCO CONSTRUCTION, INC.

Principal Place of Business	Mailing Address
2106 S. COMBEE RD. P.O. BOX 547 EATON PARK FL 33840	2106 S. COMBEE RD P.O. BOX 547 EATON PARK FL 33840

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/14/1970
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business (21) | 2a. Mailing Address (28)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (26)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-1629087 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

MILLER,GEORGE K
2106 S. COMBEE
LAKELAND FL

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1.1 TITLE	☐ Change ☐ Addition
NAME	FUTCH, MARY JANE	1.2 NAME	
STREET ADDRESS	2106 S COMBEE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, GEORGE K	2.2 NAME	
STREET ADDRESS	2106 S COMBEE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	2.4 CITY-ST-ZIP	
TITLE	COB	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, REBA	3.2 NAME	
STREET ADDRESS	2106 S COMBEE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND, FL 00000	3.4 CITY-ST-ZIP	
TITLE	PD 12/1/94 Retired - no longer active officer	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, DAVID L.	4.2 NAME	
STREET ADDRESS	2106 S COMBEE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JEFFREY E.	5.2 NAME	
STREET ADDRESS	2106 S COMBEE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

I 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: Mary Jane Futch 1/18/95 1813 665
(Signature and typed or printed name of signing officer or director) (Date) (Daytime Phone Number)
6504

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