# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **425823** **(2)**

1. Corporation Name

**MILSCOTT ENTERPRISES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1602 NORTH MILLS AVE.<br>P. O. BOX 536548<br>ORLANDO FL 32853-3548 | 1602 NORTH MILLS AVE.<br>P. O. BOX 536548<br>ORLANDO FL 32853-3548 |

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

| | |
|---|---|
| 3. Date Incorporated or Qualified: **05/15/1973** | 3a. Date of Last Report: **05/01/1995** |
| 4. FEI Number: **59-1479019** | ☐ 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 s. 199.032, Florida Statutes ☐ Yes ☐ No | |

**9. Name and Address of Current Registered Agent**

MCEWAN, O. B.
108 E. CENTRAL AVE.
ORLANDO FL 32801

**10. Name and Address of New Registered Agent**

81 Name: MCEWAN II, JOHN S.
82 Street Address (P.O. Box Number is Not Acceptable): 108 E CENTRAL AVE.
83
84 City: ORLANDO **FL** 85 Zip Code: 32801

**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 (FAILURE TO SIGN WILL DELAY PROCESSING OF THIS REPORT)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | PULSIFER, III., JOHN M. | | 1.2 NAME | |
| STREET ADDRESS | 1602 N. MILLS AVE. | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 1.4 CITY-ST-ZIP | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | PULSIFER, THOMAS S. | | 2.2 NAME | |
| STREET ADDRESS | 1602 N. MILLS AVE. | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 2.4 CITY-ST-ZIP | |
| TITLE | SD | ☐ DELETE | 3.1 TITLE | ☐ Change ☐ Addition |
| NAME | PULSIFER, BRIDGET A. | | 3.2 NAME | |
| STREET ADDRESS | 1602 NORTH MILLS AVE. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 3.4 CITY-ST-ZIP | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | PULSIFER, IV., JOHN M. | | 4.2 NAME | |
| STREET ADDRESS | 1602 NORTH MILLS AVE. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL | | 4.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | | 6.4 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)(k), 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:** Thomas Pulsifer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 Date
407-876-3333 Daytime Phone #

CR2E034 (12/95)