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

1602 NORTH MILLS AVE.
P. O. BOX 536548
ORLANDO FL 32853-3548

Mailing Address

1602 NORTH MILLS AVE.
P. O. BOX 536548
ORLANDO FL 32853-3548

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 ☐

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) County (30)

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

(NOTE: Signature required only when registered agent is changed)

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PULSIFER, III., JOHN M.	
STREET ADDRESS	1602 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VD	☐ DELETE
NAME	PULSIFER, THOMAS S.	
STREET ADDRESS	1602 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SD	☐ DELETE
NAME	PULSIFER, BRIDGET A.	
STREET ADDRESS	1602 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	☐ DELETE
NAME	PULSIFER, IV., JOHN M.	
STREET ADDRESS	1602 NORTH MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 the address.

SIGNATURE: Thomas Pulsifer — 4-25-96 — 407-876-3333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)