

**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 # **460283** (5)

1. Corporation Name  
**MILHART CONTRACTORS CORPORATION**



Principal Place of Business: **3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND FL 33807-5498 US**  
Mailing Address: **3510 CRAFTSMAN BLVD PO BOX 5498 LAKELAND FL 33807-5498 US**

3. Date Incorporated or Qualified: **08/28/1974**  
3a. Date of Last Report: **05/01/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	<b>59-1551746</b>	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Country			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRELL, WILLIAM Y.  
4910 LUCE RD.  
LAKELAND FL 33813**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	<b>FL</b>
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 the filer, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, WILLIAM Y.</b>	1.2 NAME	
STREET ADDRESS	<b>4910 LUCE RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARRELL, MARY LOUISE</b>	2.2 NAME	
STREET ADDRESS	<b>4910 LUCE RD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LAKELAND FL</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>V. Steven J. Hasley, Sr.</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>675 E. Haines Blvd.</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Lake Alfred, FL 33850</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	<b>500001829705</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>-05/20/96--01054--025</b>
CITY - ST - ZIP		5.4 CITY - ST - ZIP	<b>***200.00</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Mary Louise Harrell**

**42996**

**941665-1221**

CR2E034 (12/95)