

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 # 531977

1. Corporation Name

ADMIL, INCORPORATED

Principal Place of Business

10059 SE US HWY 441
BELLEVIEW FL 34420
US

Mailing Address

10059 SE US HWY 441
BELLEVIEW FL 34420
US

3. Date Incorporated or Qualified
4-21-77

3a. Date of Last Report
04/02/95

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

39-0357760

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. 199.03?
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWIDERSKI, STANLEY
10059 SE US HWY 441
BELLEVIEW FL 34420

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

(Signature typed or printed name of registered agent and filer (Applicant)

(If filer is Registered Agent, signature required when remaining)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME SWIDERSKI, STANLEY
STREET ADDRESS 10059 SE US HWY 441
CITY, ST, ZIP BELLEVIEW FL 34420 ☐ DELETE

TITLE TD
NAME SWIDERSKI, ALICE
STREET ADDRESS 10059 SE US HWY 441
CITY, ST, ZIP BELLEVIEW FL 34420 ☐ DELETE

TITLE V
NAME LEMEK, JOYCE
STREET ADDRESS 950 SE 19TH ST
CITY, ST, ZIP OCALA FL 34471 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP ☐ Change ☐ Addition

SIGNATURE: *Alice Swiderski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ALICE SWIDERSKI, DIRECTOR

352)245-2468

CR2E034 (12/95)