

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90001 005 ***150.00

DOCUMENT # 623613

1. Corporation Name

THE MILFORD CORPORATION

Principal Place of Business

3870 TAMPA RD
SUITE D
OLDSMAR FL 34677
US

Mailing Address

3870 TAMPA RD
SUITE D
OLDSMAR FL 34677
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/31/1979

4. FEI Number

59-2005878

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLEAKLEY, DALE E
2957 EAGLE ESTATES CIRCLE E.
CLEARWATER FL 34621

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS ANSLEY, SHARON K
CITY-ST-ZIP 1307 WESLEY PLACE, N.W.
ATLANTA, GA 00000

TITLE ☐ DELETE
NAME PD
STREET ADDRESS BLEAKLEY, DALE E.
CITY-ST-ZIP 2957 EAGLE ESTATES E.
CLEARWATER, FL 00000

TITLE ☐ DELETE
NAME VD
STREET ADDRESS BLEAKLEY, KENT A
CITY-ST-ZIP P. O. BOX 1781 N/A
WHITE SALMON WA

TITLE ☐ DELETE
NAME DS
STREET ADDRESS BLEAKLEY, DONALD E
CITY-ST-ZIP 45 KATHERINE BLVD APT 525
PALM HARBOR FL 34684

TITLE ☒ DELETE
NAME ASD
STREET ADDRESS DENNARD, ROBERT L.
CITY-ST-ZIP 1545 OAK LAKE
CLEARWATER FL

TITLE ☐ DELETE
NAME AS
STREET ADDRESS HARTING, DORIS
CITY-ST-ZIP 1319 FLORIDA AVE
PALM HARBOR FL

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 hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale E. Bleakley 4/29/99 813-855-5704

Date

Daytime Phone #

CR2E034 (11/98)