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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 12 1996 8:00 am  
Secretary of State

DOCUMENT # 650462 (5)

1. Corporation Name  
M.L.D. PROPERTIES, INC.

Principal Place of Business

5001 SOUTH FLA AVE.  
P.O. BOX 5647  
LAKELAND FL 33807

Mailing Address

5001 SOUTH FLA AVE.  
P.O. BOX 5647  
LAKELAND FL 33807

3. Date Incorporated or Qualified  
12/29/1978

3a. Date of Last Report  
03/03/1995

2. Principal Place of Business  
21 P.O. Box 356

22 418 N. Pine Ave.

23 Fort Meade FL

24 33841 25 Polk

2a. Mailing Address  
26 P.O. Box 356

27 Suite, Apt. #, etc.

28 Fort Meade FL

29 33841 30 Polk

4. FEI Number  
59-1977473

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

DURRANCE, RALPH W. JR.  
5001 S FLORIDA AVENUE  
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME DURRANCE, W. RALPH JR.  
STREET ADDRESS 5001 SOUTH FLORIDA AVE  
CITY-ST-ZIP LAKELAND FL

TITLE STD ☐ DELETE

NAME BEYNON, DAWN D.  
STREET ADDRESS 418 NORTH PINE AVENUE  
CITY-ST-ZIP FT MEADE FL

TITLE D ☐ DELETE

NAME BILLINGS, JANE D.  
STREET ADDRESS 927 HEATHERCREST  
CITY-ST-ZIP LAKELAND FL

TITLE D ☐ DELETE

NAME DURRANCE, ALLENE  
STREET ADDRESS 418 NE 4TH STREET  
CITY-ST-ZIP FT. MEADE 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 an address.

SIGNATURE:

Dawn D. Beynon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 2/6/96 Daytime Phone # 941 285-9847

CR2E034 (12/95)