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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 650462

(5)

M.L.D. PROPERTIES, INC.

FILED
Jan 22 1997 8:00am
Secretary of State

| Principal Plac P O BOX 456 418 N PINE AV FT MEADE FL | E | Mailing Address P O BOX 356 FT MEADE FL 33841-0356 US | B | | | | | |
|--|--|---|-----------------------------------|---------------------|--|----------------------------|----------------------------------|-----------|
| US | | | | | Date Incorporated or Qualified 12/29/1979 | 3a. Date of 02/12/1 | | port |
| 2. Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number 59-1977473 | | Applied For | |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | | Not Applicable \$8.75 Additional | |
| 22 | #, £10. | 27 | me, Apt. #, etc. | | 5. Certificate of Status Desired | | Fee Required | |
| City & Stat | Û. | City & State | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | T 6 | | Trust Fund Contribution | | Added t | |
| Zip | Country | Zip | Country | <i>!</i> | 8. This corporation has liability for i | ntangible tax i Yes 🏻 N | | 199.032, |
| 24 | 25 9. Name and Address of Currer | 29 nt Registered Agent | [30] | | Florida Statutes 10. Name and Address of New Re | | | |
| D. IB | RANCE, RALPH W. JR. | | 81 | Name | | <u> </u> | | |
| | S FLORIDA AVENUE | | 82 | Street Add | iress (P.O. Box Number is Not Acceptab | le) | | |
| LAK | ELAND FL 33813 | | | 01:00::100 | | | | |
| | | | 63 | | | | | |
| | | | B4 | City | | B4 | Zip C | Code |
| | | | | | poration submits this statement for the pation's board of directors. I hereby accept | | | |
| SIGNATURE | Signature, typed or professioned degelered age OFFICERS AN | InLand like it applicable (NCD DIRECTORS DELETE | OTE: Registered Age 13. 1.1 T(TLE | int signature requi | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | | RECTOR Change | S IN 12 |
| TITLE NAME | DURRANCE, W. RALPH JR. | FT ofcert | 1.1 TILLE 1.2 NAME | | | ں | Onange | [] AUGINO |
| STREET ADDRESS | 5001 SOUTH FLORIDA AVE | | 1.3 STREET | ADDRESS | | | | |
| CITY-ST-ZIP | LAKELAND FL | | 1.4 CHY-5 | iT - ZIP | | | | |
| TITLE | STD | DELETE | 2.1 TITLE | | | | Change | Additio |
| NAME | BEYNON, DAWN D. | | 2.2 NAME | | | | | |
| STREET ADDRESS | 418 NORTH PINE AVENUE | | 2.3 STREET | i | * 1 | | | |
| CITY - ST - ZIP | FT MEADE FL D | DELETE | 2. 4 CITY - | ST - ZIP | | | Change | Addition |
| TITLE NAME | BILLINGS, JANE D. | C) brreit | 3.1 TITLE 3.2 NAME | | | لسا | оныца | A00(00) |
| STREET ADDRESS | 927 HEATHERCREST | | 3.3 STREET | ADDRESS | | | | |
| CiTy - ST - ZiP | LAKELAND FL | | 3.4 CITY- | | | | | |
| TITLE | D | DELETE | 4.1 TITLE | | | | Change | Addition |
| NAME | DURRANCE, ALLENE | | 4. 2 NAME | | | | | |
| STREET ADDRESS | 418 NE 4TH STREET | | 4.3 STREET | ADDRESS | | | | |
| City-St-ZIP | FT. MEADE FL | | 4.4 CITY-5 | IT-ZIP | | | | |
| TITLE | | DELETE | 5 1 TITLE | | | | Change | Addition |
| NAME | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | 5 3 STREET | | | | | |
| CITY - ST - 7/P | | ☐ DELETE | 5.4 CHY-5 | T-ZIP | | — п | Change | Additio |
| TITLE | | □ perete | 6 I TITLE | | | | onange | T MOROGO |
| NAME CYDEET ANNIBECC | | | 6.2 NAME 6.3 STREET | ADDRESS | | | | |
| STREET ADDRESS CITY - ST - ZIP | | | 6.4 CITY - 9 | | | | | |
| 11 t do boro | k, costi il as the information o unclic | d with this tiles does not an | | | nd in Section 119 07(3Vi). Florida Statuto | a I further on | tifu that | lbe. |

If do 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 suppliemental 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 og an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME

IGNING OFFICER OR DIRECTOR

Seynon 1

(941) 285-9841