

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F03154 (4)

1. Corporation Name

M.V.R., INC.



Principal Place of Business

5419 E STAGE COACH TR
P O BOX 250
FLORAL CITY FL 34436
US

Mailing Address

P O BOX 858
P O BOX 250
FLORAL CITY FL 34436
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/24/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2048132

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

10. Name and Address of New Registered Agent

ROOKS, ALMYR D
5419 E STAGE COACH TR
858 BOX 56
FLORAL CITY FL 34436

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 607.1503, 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 of registered agent or new agent, if applicable

Signature of Board of Agent or new agent, if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

PST
ROOKS, ALMYR D
STATE ROAD 480, BOX 858
FLORAL CITY FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

1. STREET ADDRESS

2. CITY-STATE-ZIP

3. TITLE

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

7. TITLE

8. NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

15. TITLE

16. NAME

17. STREET ADDRESS

18. CITY-STATE-ZIP

19. TITLE

20. NAME

21. STREET ADDRESS

22. CITY-STATE-ZIP

23. TITLE

24. NAME

25. STREET ADDRESS

26. CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALMYR ROOKS

3-13-96 726-2223

Date

Telephone #

CR2E034 (12/95)