

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

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1994



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
M.H.P. INVESTMENTS, INC.

DOCUMENT #
F41837 (8)

Mailing Address
C/O RICHARD W. MIKALIK
42 PINEWOOD PL
MIMS FL 32754

Principal Place of Business
C/O RICHARD W. MIKALIK
42 PINEWOOD PL
MIMS FL 32754

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/25/1981

3a. Date of Last Report
05/01/1993

4. FEI Number
59-2120522

Applied For
☐ Not Applicable

5. Certificate of Status Desired
\$8.75 Additional Fee Required ☐
7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐

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

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIKALIK, RICHARD D.
42 PINEWOOD PL
MIMS FL 32754

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE

DATE

(Registered Agent Accepting Appointment: (NOTE: Registered Agent signature required when accepting))

12. OFFICERS AND DIRECTORS

1.1 TITLE D/P
1.2 NAME MIKALIK, RICHARD W
1.3 STREET ADDRESS 42 PINEWOOD PL
1.4 CITY-ST-ZIP MIMS FL

2.1 TITLE V/D
2.2 NAME LEFTAKES, THOMAS
2.3 STREET ADDRESS 6105 N LEADER AVE
2.4 CITY-ST-ZIP CHICAGO IL

3.1 TITLE S/T
3.2 NAME ANDERSON, MARY E.
3.3 STREET ADDRESS 685 FT FL RD
3.4 CITY-ST-ZIP DEBARY FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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(1)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or is not attached with an address.

SIGNATURE:

Richard Mikalik President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/94 267-0933
1407-267-0883