

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**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90268 002 \*\*\*150.00

DOCUMENT # F97000002278

1. Corporation Name

MFH INDUSTRIES, INC.

Principal Place of Business

3951 WEST HIGHWAY 329  
REDDICK FL 32663  
US

Mailing Address

3951 WEST HIGHWAY 329  
REDDICK FL 32663  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1997

4. FEI Number

59-3436720

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

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

10. Name and Address of New Registered Agent

WILKINSON, MICHAEL W  
3951 WEST HWY 329  
REDDICK FL 32663

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	PSTD	<input type="checkbox"/> DELETE
NAME	WILKINSON, MICHAEL W	
STREET ADDRESS	3951 WEST HIGHWAY 329	
CITY-ST-ZIP	REDDICK FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAUM, RICHARD	
STREET ADDRESS	1776 ON THE GREEN	
CITY-ST-ZIP	MORRISTOWN NJ 07960	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPEARS, BOB	
STREET ADDRESS	70 WASHINGTON ST SUITE 300	
CITY-ST-ZIP	OAKLAND CA 94607	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PARKER, DAVID W	
STREET ADDRESS	3951 WEST HWY 329	
CITY-ST-ZIP	REDDICK FL 32663	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALBRECHT, KNUTE C	
STREET ADDRESS	950 WEST VALLEY RD., SUITE 2902	
CITY-ST-ZIP	WAYNE PA 19084	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALMER, W.M. JR	
STREET ADDRESS	3233 SW 33RD ROAD, SUITE 201	
CITY-ST-ZIP	OCALA FL 34474	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

Daytime Phone #

352-854-0070

CR2E034 (11/98)