

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

DOCUMENT # F97910

1. Corporation Name

MCMILLEN & ASSOCIATES, INC.

Principal Place of Business

1876 MONTE CARLO WAY
CORAL SPRINGS FL 33071
US

Mailing Address

P. O. BOX 772530
CORAL SPRINGS FL 33077-2530
US

2. Principal Place of Business

21 1719 Cypress Row Dr.
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 210128
Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

Zip Country
24 33421 25 USA

City & State

28 West Palm Beach, FL

Zip Country
29 33421 30 USA

9. Name and Address of Current Registered Agent

MCMILLEN, DOUGLAS A
1876 MONTE CARLO WAY
CORAL SPRINGS FL 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1982

4. FEI Number

59-2221280

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

10. Name and Address of New Registered Agent

81 Name
McMillen, Douglas A.

82 Street Address (P.O. Box Number is Not Acceptable)
1719 Cypress Row Dr.

83

84 City
West Palm Beach

FL

85 Zip Code
33421

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

Douglas A. McMillen

1/20/99

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTS
MCMILLEN, DOUGLAS A.
1876 MONTE CARLO WAY
CORAL SPRINGS FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

1719 Cypress Row Drive
West Palm Beach, FL 33421

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Douglas A. McMillen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

561/333-1111

Daytime Phone #

CR2E034 (1/98)

01/03/99

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90001 025 ***150.00

