

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 16, 1999 8:00 am
Secretary of State

04-16-1999 90046 003 ***158.75

DOCUMENT # G33132

1. Corporation Name
MILLATHANE, INC.

Principal Place of Business
5260 113TH AVENUE NORTH
P. O. BOX 17225
CLEARWATER FL 33670
US

Mailing Address
5260 113TH AVENUE NORTH
P. O. BOX 17225
CLEARWATER FL 33670
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1983

4. FEI Number

59-2277920

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

9. Name and Address of Current Registered Agent

KLINGEL, ROBERT R.
5260 113TH AVENUE, NORTH
CLEARWATER FL 33670

10. Name and Address of New Registered Agent

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 PD ☐ DELETE

NAME KLINGEL, ROBERT R.
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE SD ☐ DELETE

NAME KLINGEL, DIANE M
STREET ADDRESS 15530 GULF BLVD.
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE TD ☐ DELETE

NAME TOTTE, DAVID J
STREET ADDRESS 5044 KILKENNY COURT
CITY-ST-ZIP OLDSMAR FL 34677

TITLE CD ☐ DELETE

NAME KLINGEL SR., WALTER C
STREET ADDRESS PO BOX 130 NA
CITY-ST-ZIP MORRISTON FL 32688

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

/Robert R. Klingel

727-573-7676

Date

Daytime Phone #

CR2E034 (1/98)