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FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G43046

(3)

1. Corporation Name

MIRACLE STRIP STRUCTURES, INC.

Principal Place of Business

307 CARMEL DR
FT. WALTON BCH FL 32547
US

Mailing Address

PO BOX 123
MARY ESTHER FL 32569-0123



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOELLER, RICHARD W.
1793 AUTUMN LN
FT. WALTON BCH FL 32547

3. Date Incorporated or Qualified

06/10/1983

3a. Date of Last Report

04/24/1996

4. FEI Number

59-2291912

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

81 Name GOELLER, RICHARD W.

82 Street Address (P.O. Box Number is Not Acceptable)

307 CARMEL DR

83

84 City FT WALTON BCH FL 85 Zip Code 32547

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

14 Apr 97

12. OFFICERS AND DIRECTORS

TITLE ST
NAME GOELLER, CYNTHIA J.
STREET ADDRESS 1793 AUTUMN LN
CITY-ST-ZIP FT. WALTON BCH FL

TITLE P
NAME GOELLER, RICHARD W.
STREET ADDRESS 1793 AUTUMN LN
CITY-ST-ZIP FT. WALTON BCH FL

TITLE VP
NAME GOELLER, WILLIAM E.
STREET ADDRESS 11569 PINE ACRES ROAD
CITY-ST-ZIP JACKSONVILLE FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME CYNTHIA J. GOELLER
1.3 STREET ADDRESS 307 CARMEL DR.
1.4 CITY-ST-ZIP FT WALTON BCH FL

2.1 TITLE
2.2 NAME RICHARD W. GOELLER
2.3 STREET ADDRESS 307 CARMEL DR
2.4 CITY-ST-ZIP FT WALTON BCH FL

3.1 TITLE
3.2 NAME WILLIAM E. GOELLER
3.3 STREET ADDRESS 1793 AUTUMN LN.
3.4 CITY-ST-ZIP FT WALTON BCH 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

14. I do 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, changed or on an attachment with an address.

SIGNATURE: Richard W Goeller 14 Apr 97 SPS-9520

CR2E034 (9/96)