

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sally B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G76154**

(5)

1. Corporation Name

HAGAN AND MILEY, INC.



Principal Place of Business

**17840 CHESTERFIELD ROAD
N. FT. MYERS FL 33917**

Multiple Address

**17840 CHESTERFIELD ROAD
N. FT. MYERS FL 33917**

2. Principal Place of Business

21

Street Apt. A, etc.

22

City & State

23

Zip

County

24

25

2a. Multiple Address

26

Street Apt. A, etc.

27

City & State

28

Zip

County

29

30

9. Name and Address of Current Registered Agent

**MILEY, DONNA J.
17840 CHESTERFIELD ROAD
N. FT. MYERS FL 33917**

3. Date Incorporated or Created

12/07/1983

3a. Date of Last Report

04/26/1995

4. EIN Number

59-2360650

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. Does corporation have liability for federal tax under U.S. 190.032,
Florida Statutes? ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (If No Box Number, N/A Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Section 607.01, Florida Statutes, I, the undersigned, who is duly qualified to be the registered agent for the purpose of changing its registered office or registered agent, do hereby certify that the State of Florida is hereby notified of the change of its registered office or registered agent, and that the undersigned is hereby notified of the change of its registered office or registered agent.

SIGNATURE

12.

OFFICER AND DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied above is true and correct to the best of my knowledge and belief, and that I am duly qualified to be the registered agent for the purpose of changing its registered office or registered agent, and that the State of Florida is hereby notified of the change of its registered office or registered agent, and that the undersigned is hereby notified of the change of its registered office or registered agent.

SIGNATURE:

Donna J. Miley **DONNA J. MILEY**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96 (941) 463-2217

CR2E034 (12/95)