

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 # H19852**

1. Corporation Name

**MAJOR IMPROVEMENTS, INC.**

Principal Place of Business

12551 SW 87 PLACE  
MIAMI FL 33176  
US

Mailing Address

12551 SW 87 PLACE  
MIAMI FL 33176  
US

**FILED**  
**Mar 26, 1999 8:00 am**  
**Secretary of State**

03-26-1999 90001 022 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/06/1984**

4. FEI Number

**59-2444286**

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

**21** 26511 CR 44-A

Suite, Apt. #, etc.

**22**

City & State  
**23** Eustis, FL

Zip

**24** 32736

Country

**25**

2a. Mailing Address

**26** 26511 CR 44-A

Suite, Apt. #, etc.

**27**

City & State  
**28** Eustis, FL

Zip

**29** 32736

Country

**30**

9. Name and Address of Current Registered Agent

KANAR, STEPHEN P.  
1103 EAST ROBINSON ST.  
ORLANDO FL 32801

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 ☐ DELETE

**P**  
NAME MCKINNEY, EDWIN D.  
STREET ADDRESS 12551 SW 87TH PL  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

**VP**  
NAME MCKINNEY, EDWIN D  
STREET ADDRESS 12551 SW 87TH PL  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

**ST**  
NAME MCKINNEY, EDWIN D  
STREET ADDRESS 12551 SW 87TH PL  
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

26511CR 44-A

Eustis, FL 32736

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

26511 CR 44-A

Eustis, FL 32736

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

26511 CR 44-A

Eustis, FL 32736

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAR 24 '99 352 978 0041**  
Date Daytime Phone #

CR2E034 (1/1/98)