

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H44644** (3)

1. Corporation Name

MILTON PROPERTIES & DEVELOPMENT, INC.



Principal Place of Business

**2032 SE 15TH LANE
OCALA FL 32671**

Mailing Address

**2032 SE 15TH LANE
OCALA FL 32671**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1985

3a. Date of Last Report

04/13/1995

4. FET Number

59-2495828

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

**HOLBROOK, H. LEON, III
ONE INDEPENDENT DRIVE
2301 INDEPENDENT SQUARE
JACKSONVILLE FL 32202**

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 MR, if applicable

(NOTE: Registered Agent signature required when not signing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

**P
IMMEL, NORBERT L., DDS
2032 SE 15TH LANE
OCALA FL**

☐ DELETE

**V
MILTON, A. L., JR.
475 S W 48 LANE
OCALA FL**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

☐ DELETE

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

**1. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

☐ Change ☐ Addition

**2. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

☐ Change ☐ Addition

**3. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

☐ Change ☐ Addition

**4. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

☐ Change ☐ Addition

**5. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

☐ Change ☐ Addition

**6. 1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

4/10/96

352-368-7733

Daytime Phone #

CR2E034 (12/95)