

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
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90041 032 ***150.00

DOCUMENT # H80515

1. Corporation Name

MYLER CHURCH BUILDING SYSTEMS, INC.

Principal Place of Business

13190 SPRING HILL DR
H
SPRING HILL FL 34609
US

Mailing Address

970 N ENGLEWOOD DR
CRAWFORDSVILLE IN 47933

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1985

4. FEI Number

65-0034257

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MELIN, JACQUELINE J
3352 AMBASSADOR AVENUE
SPRING HILL FL 34609

10. Name and Address of New Registered Agent

81 Name

Thomas S. Hogan Jr.

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

20 S. Broad

83

84 City

Brooksville

FL

85 Zip Code

34601

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

THOMAS S. HOGAN JR - ATTORNEY

2-18-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME MYLER, EARL O.
STREET ADDRESS 970 N. ENGLEWOOD DR.
CITY-ST-ZIP CRAWFORDSVILLE IN

TITLE ☐ DELETE

VP
NAME MORRIS, ED
STREET ADDRESS 853 CONNERS ST.
CITY-ST-ZIP NOBLESVILLE IN

TITLE ☒ DELETE

VP
NAME PETERS, DOUGLAS
STREET ADDRESS 912 LEISURE LANE
CITY-ST-ZIP GREENWOOD IN

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

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

VP
Jimmy C. Gillikin
970 N. Englewood Dr.
Crawfordsville, IN 47933

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:

Earl O. Myler Earl O. Myler

2-8-99

765-362-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)