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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 9:56

DOCUMENT # J13470 (6)

1. Corporation Name
MIM FINANCIAL INC.

Principal Place of Business	Mailing Address
9315 SAN JOSE BLVD JACKSONVILLE FL 32257 US	9315 SAN JOSE BLVD JACKSONVILLE FL 32257 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/07/1986
3a. Date of Last Report: 01/28/1994

2. Principal Place of Business
21: 3001 HARTLEY RD
22: Suite, Apt. #, etc.
23: City & State: JACKSONVILLE, FL
24: Zip: 32257
25: Country: US

2a. Mailing Address
26: 3001 HARTLEY RD
27: Suite, Apt. #, etc.
28: City & State: JACKSONVILLE, FL
29: Zip: 32257
30: Country: US

4. FEI Number: 59-2718504 ☐ 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

9. Name and Address of Current Registered Agent

LEGRAND, RONALD F.
9315 SAN JOSE BLVD
JACKSONVILLE FL 32257

10. Name and Address of New Registered Agent

81 Name: LEGRAND, RONALD F
82 Street Address (P.O. Box Number is Not Acceptable): 3001 HARTLEY RD
83:
84 City: JACKSONVILLE FL 85 Zip Code: 32257

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: RONALD F LEGRAND 4/7/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☒ Change ☐ Addition
NAME	LEGRAND, RONALD F.	1.2 NAME	LEGRAND, RONALD F
STREET ADDRESS	4604 3A ATLANTIC BLVD.	1.3 STREET ADDRESS	3001 HARTLEY RD
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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.

SIGNATURE: RONALD F LEGRAND, PRESIDENT 4/7/95 (904) 886-2985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000181 CP