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FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J34124 (4)

1. Corporation Name

MICKATE SERVICES OF FLORIDA, INC.



Principal Place of Business

Mailing Address

405 A ATLANTIS RD
P O BOX 216
CAPE CANAVERAL FL 32920
US

405 A ATLANTIS RD
P. O. BOX 216
CAPE CANAVERAL FL 32920
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1986

4. FEI Number

59-2727404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHLEPH, HENRY
851 DUNDEE CIR.
SUITE 302
MELBOURNE FL 32904

PHLEPS, HENRY

NO SUITE

PLEASE
CORRECT SPELLING

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BOYLE, JOHN
STREET ADDRESS 1730 CRANE CREEK BLVD.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD
NAME PHELPHS, HENRY
STREET ADDRESS 851 DUNDEE CR.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME PHELPS, HENRY
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME BOYLE, RUTH
STREET ADDRESS 1730 CRANE CREEK BLVD.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME PHELPH, MARTHA L
STREET ADDRESS 851 DUNDEE CIR.
CITY-ST-ZIP MELBOURNE FL ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME PHELPS MARTHA L.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE:

Henry Phelps - HENRY PHELPS 1. 9. 98 407-784-1893

CR2E034 (10/97)