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Jun 08, 1999 8:00 am
Secretary of State

06-08-1999 90012 007 ***550.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J35433

1. Corporation Name
MLI OF JAX, INC.

Principal Place of Business
**6033 BEACH BLVD.
JACKSONVILLE FL 32216**

Mailing Address
**8048 W NEW HAVEN AVE
MELBOURNE FL 32901
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1986

4. FEI Number

59-2718803

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 **202 West Drive**

Suite, Apt. #, etc.

22

City & State

23 **Melbourne FL**

Zip

24 **32904**

Country

25 **USA**

2a. Mailing Address

26 **202 West Drive**

Suite, Apt. #, etc.

27

City & State

28 **Melbourne FL**

Zip

29 **32904**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**NOWLIN, MICHAEL A.
12715 CORMORANT COVE LANE
JACKSONVILLE FL 32257**

10. Name and Address of New Registered Agent

81 Name

Nowlin, Michael A

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

202 West Drive

83

84 City

Melbourne

FL

85 Zip Code

32904

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 ☐ DELETE

TITLE **DP**
NAME **NOWLIN, MICHAEL A.**
STREET ADDRESS **12715 CORMORANT COVE LAN**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **V** ☐ DELETE

NAME **BOMHOLD, ROY**
STREET ADDRESS **1760 PAPAYA DRIVE WEST**
CITY-ST-ZIP **ORANGE PARK FL**

TITLE **S** ☐ DELETE

NAME **Bomhold, Virginia**
STREET ADDRESS **1750 Plantation Circle SE**
CITY-ST-ZIP **Palm Bay FL 32909**

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 **DP** ☒ Change ☐ Addition
1.2 NAME **Nowlin, Michael A**
1.3 STREET ADDRESS **202 West Drive**
1.4 CITY-ST-ZIP **Melbourne, FL 32904**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **Bomhold, Roy**
2.3 STREET ADDRESS **1750 Plantation Circle SE**
2.4 CITY-ST-ZIP **Palm Bay FL 32909**

3.1 TITLE **S** ☐ Change ☒ Addition

3.2 NAME **Bomhold, Virginia**
3.3 STREET ADDRESS **1750 Plantation Circle SE**
3.4 CITY-ST-ZIP **Palm Bay FL 32909**

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: **Virginia Bomhold**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-26-99 407-724-9270
Date Daytime Phone #

CR2E034 (11/98)