FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

MDG, INC.

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J62837

(6)

Mailing Address

FILED Feb 03 1997 8:00am Secretary of State

	ü
	1
	ш
	ш

% GERALD O. MILLS 7320 HAYWARD STREET PENSACOLA FL 32526		% Gerald O. Mills 7320 Hayward Street Pensacola FL 32526-260)9		Date Incorporated or Qualified	3a. Date of Last Report
					03/20/1987	02/13/1996
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2808266	Not Applicable
Suite, Apt	Add ()	Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24]	Country 25	7ip 29	Counti	у		Yes 💹 No
	9. Name and Address of Cur	rent Registered Agent		T	10. Name and Address of New Reg	pistered Agent
	LS, GERALD D.		8	Name		
	0 HAYWARD STREET ISACOLA FL 32506		8:		ress (P.O. Box Number is Not Acceptabl	е)
			6:	3		
			B-]		FL 85 Zip Code
Office or re	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change was a	authorized t	ov the corpora	poration submits this statement for the polition's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
12.	Suprame type for ponted name of registrops	agent and title if applicable (NOT) AND DIRECTORS		gent s grature requ	red when reinstating)	DATE
TILE	DP OFFICE No.	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	MILLS, GERALD D.	_ vicin	1.2 NAME			Change L Roution
STREET ADDRESS	7320 HAYWARD ST.			T ADDRESS		
CITY - S1 - ZIP	PENSACOLA FL		1.4 CITY-			
14TL€	VT	☐ DELETE	2.1 TITLE			Change Addition
NAME	BENNICK, MARY L		2.2 NAME			
STREET ADDRESS	7320 HAYWARD ST		2.3 STREE	T ADDRESS		
CITY-ST-ZIF	PENSACOLA FL		2. 4 CITY	-ST - Z IP		
1076		☐ DELETE	3.1 TITLE		***************************************	Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADORESS		
CITY - S1 - ZIP			3.4 CITY	- ST- ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			
STREET ADDRESS				T ADDRESS		
CHTY - S1 - 70P		Lociete	4.4 CITY-	ST-ZIP		
TITLE		☐ DETEJE	5.1 TITLE			Change Addition
NAME CARRELL ASSOCIATE			5.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY - ST - ZIP TITLE		DELETE	54 CITY-			Change Addition
NAME		ריין טינוניונ	6.1 TITLE			Change Addition
STREET ADDRESS			6.2 NAME			
				T ADDRESS		•
CITY-SI-7P			6.4 CITY-	ST-ZIP		and the second s

14. I do 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; the Lam 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 if changed or on an attachment with an address.

SIGNATURE:

D. Bennick, Vice President, Treas. 1/28/97 (904) 456-8611