

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

FILED

Apr 14 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 # K72986 (8)

1. Corporation Name
MILBY INVESTMENTS, INC.



Principal Place of Business

Mailing Address

3865 CENTRAL AVE
SUITE 980
ST PETERSBURG FL 33713
US

3865 CENTRAL AVE 415 Bayview Dr
SUITE 980 Belleair, FL
ST PETERSBURG FL 33713 33756
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 415 Bayview Dr		26 415 Bayview Drive		03/15/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 1507		27		26-4445475	
City & State		City & State		Applied For	
23 Belleair, Fla		28 Belleair, FL		Not Applicable	
Zip 33756		Zip		5. Certificate of Status Desired	
Country		Country		☐ \$8.75 Additional Fee Required	
24 33756		29 33756		6. Election Campaign Financing	
25 U.S.		30 US		Trust Fund Contribution	
				☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CHEEK, CAROLL W
3865 CENTRAL AVE
STE 980
ST PETERSBURG FL 33713

New
Address

81 Name Cheek, Carroll W.
82 Street Address (P.O. Box Number is Not Acceptable)
415 Bayview Dr, Belleair, Fla 34656
83 Belleair, Fla
84 City FL 85 Zip Code 34656

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

Carroll W. Cheek, Pres - Carroll W. Cheek

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	☐ DELETE		1.1 TITLE	P.T.O.	☒ Change	☐ Addition
NAME	CHEEK, CARROLL W.			1.2 NAME			
STREET ADDRESS	800 CLEVELAND ST 980			1.3 STREET ADDRESS	415 Bayview Dr, Belleair, Fla		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Belleair, Fla 34656 33756		
TITLE	ST	☒ DELETE		2.1 TITLE		☒ Change	☐ Addition
NAME	BARLOW, MARSHALL			2.2 NAME	Delete		
STREET ADDRESS	800 CLEVELAND ST 980			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	VD	☐ DELETE		3.1 TITLE	V.S.T.O.	☒ Change	☐ Addition
NAME	CHEEK-MILBY, KATHLEEN			3.2 NAME	Cheek-Milby, Kathleen		
STREET ADDRESS	800 CLEVELAND ST 980			3.3 STREET ADDRESS	415 Bayview Dr		
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP	517 Belleair, Fla 34656 33756		
TITLE		☐ DELETE		4.1 TITLE	Michael C. Cheek-Aliso	☐ Change	☒ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS	814 Chestnut St.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Clearwater, Fla 34656 33756		
TITLE		☐ DELETE		5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		☐ DELETE		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 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:

Carroll W. Cheek, Pres - Carroll W. Cheek

1/28/98 815-591458

CR2E034 (10/97)