FILE NOW: FILING FEE AFTER MAY 1 IS \$225.63 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Morthami ANNUAL REPORT Secretary of State THE CORPORATIONS L06368 DOCUMENT # MILMAC, INC. Principal Place of Business Mailing Address C/O MICHAEL F. MILLER C/O MICHAEL F. MILLER 8 DEL PRADO BLVD 8 DEL PRADO BLVD CAPE CORAL FL 33990 CAPE CORAL FL 33990 3. Date Incorporated or Qualified 3a. Date of Last Report 08/02/1989 05/01/1995 2. Principal Place of Business 2a. Mailing Address FET Number Applied For 65-0141048 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032 XI Yes No 29 Florida Statutes 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, MICHAEL, F 82 Street Address (P.O. Box Number is Not Acceptable) 2125 W LAKEVIEW BLVD NORTH FT MYERS FL 33903 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE nre of registered agent and title if approach 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 11316 1.13006 MILLER, MICHAEL F. NAME 1.2 NAME 2125 W LAKEVIEW BLVD STREET ADDRESS 1.3 STREET ADDRESS N. FT. MYERS FL CITY ST-7IP 1.4 OITY - \$1 - ZIF DELETE TITLE 2.11/1/14 [] Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 24 011Y - \$1 - ZIP [] Change TIFLE DELETE 3 1 100 5 Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - 7IP 3.4 CHY 51-ZIP DELETE Change THILE 4. 1 TITLE ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 C(1Y - ST - Z)P DELETE Change MJ 5 1 TILE □ Addition NAME STREET ADDRESS **5.3 STREET ADDRESS** CHY-SI-ZIP 5.4 CHY-SI-7 P DELETE Change Addition Till. F 6 111116 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

DIRECTOR

oath; that I am an officer or direct appears in Block 12 or Block 13

PRESIDENT

MICHAEL F. MILLER

14. I do hereby certify that the information supplied with this filing is voluntary furnished and does not qurify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental finual 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 proportion or trie report is stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

04/05/96

(941) 458-1010

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