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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

L43596

(0)

DOCUMENT # 1. Corporation Name MILLENNIUM MANUFACTURING, INC.

| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | | | | | | |
|---|--|---|-----------------|----------------------------------|---|---|---|----------------------------|----------------------|
| Principal Place of | Business | Mailing Address | | | | | 116 11 7 11 11 11 11 11 11 1 | 18/1 8/8/1 3/1 | ici aibii aibii iägj |
| % JAMES V. TEAL 2865 KIRBY AVE NE UNIT 6 PALM BAY FL 32905-3425 | | % JAMES V. TEAL 2865 KIRBY AVE NE UNIT 6 PALM BAY FL 32905-3425 | | | | | | | |
| | | | | | 3. Date incorporated or Qualified 01/18/1990 3a. Date of Last Report 05/01/1995 | | | | |
| 2. Principal Place | e of Business | 2a, Mailing Address | | | 4. FEI Number 59-2987024 | Applied For Not Applicable | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | Additional | |
| Suite, Apr. #, | etc. | 27 | | | | 5. Certificate of Status Desired | | Fee | Required |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 May Be Added to Fees | | | |
| 3 | | 28 | | | Trust Fund Contribution | | | | |
| Zip | Country | Zip Country 30 | | ountry | | 8. Tris corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No | | | |
| 24 | 25 g. Name and Address of Curren | 29 nt Registered Agent | 1301 | <u>-</u> [| | 10. Name and Address of New | Registered | Agent | |
| | 2. | | | 81 Na | ime | | | | |
| TEAL. J | AMES V. | | | 82 St | reet Addr | ess (P.O. Box Number is Not Accepta | ble) | | |
| 1358 SE | EQUOIA RD NW | | | | | | | | |
| | AY FL 32907 | | | 83 | | | | | |
| | | | | 84 C | ty | | FL | 85 Z | ip Code |
| | | | | | | Alexander this atstance for the D | rrose of ch | anning its | registered offic |
| or registered | the provisions of Sections 607.0502 d agent, or both, in the State of Flori i, and accept the obligations of, Sect | da, ouch change was build | nized by the | e corporat | ion's boa | ration submits this statement for the p rd of directors. I hereby accept the ap | pointment a | s registere | d agent. I am |
| SIGNATURE. | ignature, typed or printed name of registered agon | Level (the depolerable) | (NOT) - Booiste | red Aront sign | ature require | d when reinstating) | DATE | | |
| 12. | | ID DIRECTORS | 13 | | | ADDITIONS/CHANGES TO OF | FICERS AN | | |
| THILE | D | DELETE | 1. | 1 TITLE | | | | Change | Addition |
| NAME | TEAL, JAMES V. | | 1.2 | 2 NAME | | | | | |
| STREET ADDRESS | 1358 SEQUOIA RD NW | | 1.3 | 3 STREET ADD | RESS | | | | |
| CITY-ST-ZIP | PALM BAY FL 32907 | | | 4 CITY-ST-ZI | P | | | ☐ Change | Addition |
| TITLE | D | DELETE | | 1 TILE | | | | LJ Grange | ☐ Vogition |
| NAME | MULLENIX, DAVE | | | 2 NAME | DECC. | | | | |
| STREET ADDRESS | 925 BELL ST | | | 3 STREET ADD 4 CITY - ST - 71 | | | | | |
| CITY-ST-ZIP | MELBOURNE FL 32935 PTS | | | 1 TITLE | | | | Change | ☐ Addition |
| TITLE NAME | TEAL, JAMES V. | hand | | 2 NAME | ì | | | | |
| STREET ADDRESS | 1358 SEQUOIA RD | | 3. | 3. STREET AD | DRESS | | | | |
| CITY-S1-ZIP | PALM BAY FL 32907 | | 3. | 4 CITY - ST - Z | P | | | | |
| TITLE | V | ☐ DELETE | 4. | , 1 TITLE | | | | Change | e Addition |
| NAME | MULLENIX, DAVE | | | .2 NAME | | | | | |
| STREET ADDRESS | 925 BELL ST. | | | 3 STREET ADI | | | | | |
| CITY-ST-ZIP | MELBOURNE FL 32935 | | | 4 CITY - ST - Z | IP | | | Change | Addition |
| TITLE | | | | 1 TITLE .2 NAME | | | | 181 | |
| NAME | | | | 3 STREET AD | ORESS | | | | |
| STREET ADDRESS | | | | 4 CITY-ST-2 | ŀ | | | | |
| CITY-ST-ZIP TITLE | | DELETE | | 1 TITLE | | | | ☐ Chang | e 🔲 Addition |
| NAME | | - | 6 | 3.2 NAME | | | | | |
| STREET ADDRESS | | | 6 | 5.3 STREET AD | DRESS | | | | |
| | | | 6 | 4 C/TY - ST - 2 | 'IP | | 40.07/0:51 | Clastide Dir | tuton I futbor |
| 14. I do hereb | y certify that the information supplied | d with this filing is voluntarily | furnished a | and does r ort is true | ot qualify and accu | for the exemption stated in Section 1 rate and that my signature shall have the coront as required by Chapter 607 | าย.u7(3)(K), ! he same leg | rionua Sta gal effect a | s if made under |
| noth, that | Larry an officer or director of the COD | ooration or the receiver of tru | ustee embo | owered to | execute t | his report as required by Chapter 607 | , Florida Sta | lutes; and | that my name |
| appears in | Block 12 or Block 13 if changed, or | r on an attachment with an a | DUU 622 | | | | , | (a = 1 c | 3(-) DXC |
| SIGNAT | TIRE: Vanco 2 | Tial | | | | 4/30/16 | (_# | [0]) | 17 1-8 88 |
| JIGHA | SIGNATURE AND TYPED | OF PRIME NAME OF SIGNING OF | FFICER OR DI | RECTOR | | Date | 6. | Daytiffie Pho | ne # |
| | . , | | | | | | | | |