

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L43596**

(0)

1. Corporation Name

**MILLENNIUM MANUFACTURING, INC.**

Principal Place of Business

**% JAMES V. TEAL**  
**2065 KIRBY AVE NE UNIT 6**  
**PALM BAY FL 32905-9425**

Mailing Address

**% JAMES V. TEAL**  
**2065 KIRBY AVE NE UNIT 6**  
**PALM BAY FL 32905-9425**

3. Date Incorporated or Qualified

**01/18/1990**

3a. Date of Last Report

**05/01/1996**

4. FEI Number

**59-2987024**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

**21**  
Suite, Apt. #, etc.

2a. Mailing Address

**26**  
Suite, Apt. #, etc.

22  
City & State

27  
City & State

23  
Zip

Country

28  
Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**TEAL, JAMES V.**  
**1358 SEQUOIA RD NW**  
**PALM BAY FL 32907**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature by or on behalf of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **TEAL, JAMES V.**  
STREET ADDRESS **1358 SEQUOIA RD NW**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ DELETE

NAME **MULLENIX, DAVE**  
STREET ADDRESS **925 BELL ST**  
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **PTS** ☐ DELETE

NAME **TEAL, JAMES V.**  
STREET ADDRESS **1358 SEQUOIA RD**  
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **V** ☐ DELETE

NAME **MULLENIX, DAVE**  
STREET ADDRESS **925 BELL ST.**  
CITY-ST-ZIP **MELBOURNE FL 32935**

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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; 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:

*James V. Teal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James V. Teal**

**4-28-97**

**407 951-8661**

Date

Daytime Phone #

CR2E034 (9/96)