

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L76388 (2)
1. Corporation Name
MILBLACK, INC.



Principal Place of Business Mailing Address
C/O JAMES THOMAS MILLIGAN
6906 W HWY 98
PANAMA CITY FL 32407
US
C/O JAMES THOMAS MILLIGAN
610 WEST BEACH DRIVE
PANAMA CITY FL 32401

3. Date Incorporated or Qualified **05/29/1990** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-3084250** 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 2a. Mailing Address
21 **C/O JAMES T. MILLIGAN** 26 **C/O JAMES T. MILLIGAN**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **3007 BEAR POINT DR.** 27 **3007 BEAR POINT DR.**
City & State City & State
23 **PANAMA CITY BEACH, FL** 28 **PANAMA CITY BEACH, FL**
Zip Country Zip Country
24 **32408** 25 **USA** 29 **32408** 30 **USA**

9. Name and Address of Current Registered Agent

MILLIGAN, JAMES THOMAS
610 WEST BEACH DRIVE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name **MILLIGAN, JAMES THOMAS**
82 Street Address (P.O. Box Number is Not Acceptable)
3007 BEAR POINT DRIVE
83
84 City **PANAMA CITY BEACH, FL** 85 Zip Code **32408**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, JAMES THOMAS	1.2 NAME	MILLIGAN, JAMES THOMAS
STREET ADDRESS	610 WEST BEACH DRIVE	1.3 STREET ADDRESS	3007 BEAR POINT DRIVE
CITY-ST-ZIP	PANAMA CITY FL	1.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	VSD <input type="checkbox"/> DELETE	2.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLIGAN, MARTHA B.	2.2 NAME	MILLIGAN, MARTHA B.
STREET ADDRESS	610 WEST BEACH DRIVE	2.3 STREET ADDRESS	3007 BEAR POINT DRIVE
CITY-ST-ZIP	PANAMA CITY FL	2.4 CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, JAMES ROY	3.2 NAME	
STREET ADDRESS	1601 FOREST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLUMBUS GA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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: *J.T. Milligan* **J.T. Milligan**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/96 **334/298-1974**
Date Daytime Phone #

CR2E034 (12/95)