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Feb 07 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 # **L83221** (6)

1. Corporation Name  
**M L P ENTERPRISES, INC.**

Principal Place of Business

**MARSHA PERKINS**  
**7131 S DEERHAVEN RD**  
**PANAMA CITY FL 32409**  
**US**

Mailing Address

**MARSHA PERKINS**  
**7131 S DEERHAVEN RD**  
**PANAMA CITY FL 32409-1616**  
**US**

2. Principal Place of Business

21 Suite Apt. # etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**06/22/1990**

3a. Date of Last Report

**04/08/1996**

4. FEI Number

**59-3025094**

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

9. Name and Address of Current Registered Agent

**PERKINS, MARSHA**  
**7131 S DEERHAVEN RD**  
**PANAMA CITY FL 32405**

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☐ DELETE

NAME **PERKINS, MARSHA**  
STREET ADDRESS **2148 BRIARWOOD CIRCLE 7131 S. DEERHAVEN Rd**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE **PD** ☒ DELETE

NAME **PERKINS, RICHARD L.**  
STREET ADDRESS **2148 BRIARWOOD CIRCLE**  
CITY-ST-ZIP **PANAMA CITY FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **PDS** ☒ Change ☐ Addition

1.2 NAME **PERKINS, MARSHA**  
1.3 STREET ADDRESS **7131 SOUTH DEERHAVEN Rd**  
1.4 CITY-ST-ZIP **PANAMA CITY FL 32409**

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:

**MARSHA PERKINS** 2/6/97 271-1733 (904)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)