

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90199 038 ***150.00

DOCUMENT # M71326

1. Corporation Name

MHCA ENTERPRISES, INC.

Principal Place of Business

2846-A REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

Mailing Address

2846-A REMINGTON GREEN CIR.
TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1988

4. FEI Number

59-2837045

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 1876-A Eider Court

Suite, Apt. #, etc.

22 City & State

23 Tallahassee, FL 32308

24 Zip 32308 25 Country

2a. Mailing Address

26 1876-A Eider Court

Suite, Apt. #, etc.

27 City & State

28 Tallahassee, FL 32308

29 Zip 32308 30 Country

9. Name and Address of Current Registered Agent

HEVEY, DONALD J.
2846-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name

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

1876-A Eider Court

83

84 City

Tallahassee,

FL

85 Zip Code

32308

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME KOPERA, ANTHONY A

STREET ADDRESS 4740 N CLARK ST

CITY-STATE-ZIP CHICAGO IL 60640

TITLE T ☐ DELETE

NAME BRINKER, ERVIN R.

STREET ADDRESS 140 W. MICHIGAN AVE

CITY-STATE-ZIP BATTLE CREEK MI

TITLE VC ☐ DELETE

NAME DAVIDSON, WESLEY R

STREET ADDRESS ONE VAUGHN PL

CITY-STATE-ZIP CARIBOU ME 04736

TITLE P ☐ DELETE

NAME HEVEY, DONALD J.

STREET ADDRESS 2846A REMINGTON GREEN CIR

CITY-STATE-ZIP TALLAHASSEE FL

TITLE CD ☐ DELETE

NAME SETTE, WILLIAM

STREET ADDRESS 700 AIRPORT RD

CITY-STATE-ZIP LAKEWOOD NJ

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

Davidson, Wesley R.

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

1876-A Eider Court

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONALD J. Hevey 4/29/99

Date

Daytime Phone #

850-942-4900

CR2E034 (11/98)