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Feb 21 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 # M76996

(1)

1. Corporation Name

JOHN MILNER DEVELOPMENT CORPORATION

Principal Place of Business

27 BAYMEADOW COURT
ORMOND BEACH FL 32174-4804

Mailing Address

27 BAYMEADOW COURT
ORMOND BEACH FL 32174-4804



3. Date Incorporated or Qualified

04/19/1988

3a. Date of Last Report

01/02/1997

4. FEI Number

59-2889846

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.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MILNER, JOHN
3530 E FOREST BRANCH ROAD
PORT ORNAGE FL 32119

10. Name and Address of New Registered Agent

81 Name

ROBERT M BURGARD, SR

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

27 BAYMEADOW COURT

83

84 City

ORMOND BEACH

FL

85 Zip Code

32174

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

ROBERT M BURGARD, SR

2-5-97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME MILNER, JOHN
STREET ADDRESS 3530 E. FOREST BRANCH ROAD
CITY - ST - ZIP PT. ORANGE FL 32119

TITLE VP ☐ DELETE

NAME BURGARD, JR., ROBERT M
STREET ADDRESS 27 BAYMEADOW CT
CITY - ST - ZIP ORMOND BEACH FL 32174-4804

TITLE P ☐ DELETE

NAME BURGARD, SR., ROBERT M
STREET ADDRESS 27 BAYMEADOW CT
CITY - ST - ZIP ORMOND BEACH FL 32174-4804

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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:

ROBERT M BURGARD, SR

Date

2-5-97

904.673.9944

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0000247

CR2E034 (9/96)