FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # N95000004427 (9)

1. Corporation Name
MFCH, INC.

Principal Place of Business
1022 COMMERCIAL DRIVE
TALLAHASSEE FL 32310

Mailing Address
% DONNA NUDD
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 09/18/1995
3a. Date of Last Report:

4. FEI Number: 593339558 ☐ 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

NUDD, DONNA
1402 SOUTH MERIDIAN STREET
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

Signature, typed or printed name of registered agent and title if applicable (Note: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GAGE, SUSAN	
STREET ADDRESS	1407 SOUTH MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☐ DELETE
NAME	GALLOWAY, TERRY	
STREET ADDRESS	1402 SOUTH MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D	☐ DELETE
NAME	MILINKOVICH, DONA	
STREET ADDRESS	719 EAST TENNESSEE STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32302	
TITLE	D	☐ DELETE
NAME	NUDD, DONNA	
STREET ADDRESS	1402 SOUTH MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	D – S	☐ DELETE
NAME	POTTS, ISABELLE	
STREET ADDRESS	1407 SOUTH MERIDIAN STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: I. Potts 5/1/96 (904)224 8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ISABELLE POTTS – SECRETARY

CR2E037 (12/95)