

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P30093 (9)
1. Corporation Name
MILCOMBE HOUSE INVESTMENTS LIMITED COMPANY



Principal Place of Business:

Mailing Address:

**1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4D8
CANADA**

**1 MAPLEGROVE DRIVE
OAKVILLE, ONTARIO L6J 4D8
CANADA**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt., etc.

26. Suite, Apt., etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/03/1990

3a. Date of Last Report

03/23/1995

4. FEI Number

65-0210151

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

10. Name and Address of New Registered Agent

**WILSON, GARY K.
1100 FIFTH AVENUE SOUTH, SUITE 211
NAPLES FL 33940**

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 of person or persons authorized to sign this statement

Signature of Registered Agent or new registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	S	☐ DELETE
NAME	HARRIGAN, KENNETH W.	
STREET ADDRESS	1 MAPLEGROVE DRIVE	
CITY, ST, ZIP	OAKVILLE, ONTARIO L6J-4T8	
TITLE	P	☐ DELETE
NAME	HARRIGAN, MARGARET JEAN	
STREET ADDRESS	1 MAPLEGROVE DRIVE	
CITY, ST, ZIP	OAKVILLE, ONTARIO L6J-4T8	
TITLE	D	☐ DELETE
NAME	TOMLINSON, TARA L.	
STREET ADDRESS	7 HARPERS CROFT	
CITY, ST, ZIP	UNIONVILLE, ONTARIO L3R-6L1	
TITLE	D	☐ DELETE
NAME	HARRIGAN, STEPHEN C.	
STREET ADDRESS	6826 SUMMER HEIGHTS	
CITY, ST, ZIP	MISSISSAUGUA ON	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

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)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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: *M. Jean Harrigan* **M. JEAN HARRIGAN** **PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)