

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  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90109 049 \*\*\*150.00

DOCUMENT # P93000008883

1. Corporation Name  
MSRB-MV, INC.

Principal Place of Business  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

Mailing Address  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
02/01/1993

4. FEI Number  
59-3166085

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 1810 LONG IRON DR.

2a. Mailing Address  
26 1810 LONG IRON DR.

Suite, Apt. #, etc.  
22 #308

Suite, Apt. #, etc.  
27 #308

City & State  
23 VIERA FL

City & State  
28 VIERA FL

Zip Country  
24 32955 25 USA

Zip Country  
29 32955 30 USA

9. Name and Address of Current Registered Agent

WAGNER, WILLIAM E  
862 HAWKSBILL IS. DR.  
SATELLITE BEACH FL 32937

10. Name and Address of New Registered Agent

81 Name  
MISSISSY D HONEYCUTT  
82 Street Address (P.O. Box Number is Not Acceptable)  
1810 LONG IRON DR.  
83 #308  
84 City  
VIERA FL 85 Zip Code  
32955

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 MISSISSY D HONEYCUTT MISSISSY D HONEYCUTT 3/24/99  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME WAGNER, WILLIAM E  
STREET ADDRESS 862 HAWKSBILL IS. DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

TITLE STD ☒ DELETE  
NAME WAGNER, CALLENE D  
STREET ADDRESS 862 HAWKSBILL IS. DR.  
CITY-ST-ZIP SATELLITE BEACH FL 32937

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 PD ☐ Change ☒ Addition  
1.2 NAME LAWRENCE WH BLUNK  
1.3 STREET ADDRESS 1810 LONG IRON DR. #308  
1.4 CITY-ST-ZIP VIERA, FL 32955

2.1 TITLE SD ☐ Change ☒ Addition  
2.2 NAME PATRICK A. TURBS  
2.3 STREET ADDRESS 1304 AVALON DRIVE  
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955

3.1 TITLE VT ☐ Change ☒ Addition  
3.2 NAME MISSISSY D. HONEYCUTT  
3.3 STREET ADDRESS 1810 LONG IRON DR. #308  
3.4 CITY-ST-ZIP VIERA, FL 32955

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 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: MISSISSY D HONEYCUTT MISSISSY D HONEYCUTT 3/24/99 401-633-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (11/98)