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FILED
Apr 23 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 # P93000015311 (2)

1. Corporation Name
MIKAM, INC.



Principal Place of Business

1325 E GARY RD
LAKELAND FL 33801
US

Mailing Address

1325 E GARY RD
LAKELAND FL 33801-2141
US

3. Date Incorporated or Qualified
03/01/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 3021 DUFF Rd.

2a. Mailing Address

26 Same

4. FEI Number
59-3167247

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 LAKELAND FL

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33810

Country

25 POLK

Zip

29

Country

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORSE, PAUL
37523 FAMILY LN
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent

81 Name

AMANDA SIMON

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

3021 DUFF Rd.

83

84 City

Lakeland

FL

85 Zip Code

33810

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

AMANDA SIMON
(NOTE: Registered Agent's signature required when reinstating)

4-16-97
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS SIMON AMANDA
CITY-ST-ZIP 1325 E GARY RD
LAKELAND FL

TITLE ☒ DELETE

NAME V
STREET ADDRESS MORSE, PAUL
CITY-ST-ZIP 37523 FAMILY LANE
ZEPHYRHILLS FL

TITLE ☒ DELETE

NAME S
STREET ADDRESS MORSE PAUL
CITY-ST-ZIP 37523 FAMILY LANE
ZEPHYRHILLS FL

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3021 DUFF RD
LAKELAND FL 33810

1.4 CITY-ST-ZIP

V5

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

AMANDA SIMON
3021 DUFF Rd.
Lakeland FL 33810

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

Amanda Simon

4-16-97 94/859-9972

CR2E034 (9/96)