FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000077500 (5)

MICHIANA COMPANY, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 13942 LAKE POINT DRIVE. #3A 13942 LAKE POINT DRIVE. #3A CLEARWATER FL 34622 CLEARWATER FL 34622 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3231368 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BYRNE, JOHN B 13942 LAKE POINT DRIVE, #3A Street Address (P.O. Box Number is Not Acceptable) **CLEARWATER FL 34622** 83 84 City 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, typed or printed name of registered agent and the it applicable (NC)TE. Registered Agent signature required when reinstating) CR2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition 1.1 TITLE TITLE Change BYRNE, JOHN B NAME 1.2 NAME 13942 LAKE POINTE DRIVE STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 1 4 CITY - ST- ZIP DELETE TITLE Change Addition 2.1 TITLE BYRNE, MARTHA H NAME 2.2 NAME 13942 LAKE POINTE DRIVE STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL 34622** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 THILE BYRNE, JULIA B NAME 3.2 NAME 13942 LAKE POINTE DRIVE STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL CITY-ST-ZIP 3 4. CITY - ST- ZIP DELETE TITLE Change ■ Addition 4.1 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DILETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST- ZIP filed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of mental 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 the receiver or trustee impowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in a state of the same legal effect as if made under oath, that I am an an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if made under oath, that I am an interest and the same legal effect as if the same l 14. I hereby certify that the information sup indicated on this annual report or su officer or director of the corporate Block 12 or Block 13 if changes,

SONING OFFICER OR DIRECTOR