

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

RECAPITALIZATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

DOCUMENT # P94000009231 (9)

95 MAY -1 AM 8:24

MLS HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

170 LYMAN RD.
#100
CASSELBERRY FL 32707

170 LYMAN RD.
#100
CASSELBERRY FL 32707

02/04/1994

3a. Date of Last Report

4. FLS Number

59-3294692

Applied For

Not Applicable

5. Certificate of Status Document

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. Does corporation have liability for information for under 24 hours?
Florida Statute ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, MARY
170 LYMAN RD.
#100
CASSELBERRY FL 32707

01. Name

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

03.

04. City

FL

05. Zip Code

11. Pursuant to the provisions of section 607.01, Florida Statutes, the undersigned corporation hereby certifies that the person or persons named in this statement for the purpose of changing its registered office or registered agent are persons who are qualified to be registered agents under the laws of the State of Florida, and that the corporation's board of directors has duly adopted the appointment as registered agent. Each person named in this statement shall be held personally liable for the corporation's failure to comply with the provisions of section 607.01, Florida Statutes.

SIGNATURE

12. NAME AND ADDRESS OF CURRENT REGISTERED AGENT

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

12. NAME AND ADDRESS OF CURRENT REGISTERED AGENT

NAME	D SMITH, LARRY
STREET ADDRESS	170 LYMAN RD., #100
CITY	CASSELBERRY FL 32707
NAME	D SMITH, MARY
STREET ADDRESS	170 LYMAN RD., #100
CITY	CASSELBERRY FL 32707
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	
NAME	
STREET ADDRESS	
CITY	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

NAME	1. NAME	☐ Change ☐ Addition
STREET ADDRESS	2. STREET ADDRESS	
CITY	3. CITY	☐ Change ☐ Addition
NAME	4. NAME	
STREET ADDRESS	5. STREET ADDRESS	☐ Change ☐ Addition
CITY	6. CITY	
NAME	7. NAME	☐ Change ☐ Addition
STREET ADDRESS	8. STREET ADDRESS	
CITY	9. CITY	☐ Change ☐ Addition
NAME	10. NAME	
STREET ADDRESS	11. STREET ADDRESS	☐ Change ☐ Addition
CITY	12. CITY	
NAME	13. NAME	☐ Change ☐ Addition
STREET ADDRESS	14. STREET ADDRESS	
CITY	15. CITY	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, for the reasons stated in law and in the Florida Statutes. I further certify that the information is correct and that the corporation is in compliance with all applicable laws and regulations and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or that my name or position is required by Chapter 607, Florida Statutes, and that my name appears in the books or books of the corporation as its agent for the purpose of this filing.

SIGNATURE:

Larry Smith

LARRY SMITH

4-28-95 (407) 831-5454