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

DOCUMENT # P9400036780 1. Corporation Name

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90250 041 ***150.00

MIHAIL	., INC.							
Principal Plac	e of Business	Mailing Addres	s				ENER BERT IN	
1202 CARR ST.		1202 CARR ST.						
PALATKA FL 32177 PALATKA FL 32177			177			DO MOT MOTE IN THE	0.00405	
						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
		a saciima Asta				05/09/1994 4. FEI Number		Applied For
2. Principal Place of Business		— `	2a. Mailing Address			•	⊢	Not Applicable
Suite Apt # oto			Suite, Apt. #, etc.		59-3246530		Additional	
Suite, Apt. #, etc.			27		5. Certifcate of Status Desired		Required	
22 City & Star	19	City & State				6. Election Campaign Financing	\$5.0	May Be
23	16	28	-			Trust Fund Contribution		d to Fees
Zip	Country	Zip		Country		8. This corporation owes the current year I	ntangible	
24	25	29	30	آ آ		Personal Property Tax.	∐Yes	□No
	9. Name and Address of Cur				-	10. Name and Address of New Registere	d Agent	
	<u></u>			81	Name			
MAT	HEWS, ROGER W	~		-	Ctuant Bil	droop (B.O. Boy Number is Not Accordable)		
	2 CARR ST.			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
	ATKA FL 32177			83				
				84	City	F	85 Zî	p Code
office or i	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such cha ligations of, Section 607	inge was auth 7.0505, Florida	orized by a Statutes	tne corpora	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	ointment as	registered
	Signature, typed or printed name of registered		(NOTE: Re	<u> </u>	nt signature requ	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	TOPS IN 12
12.		AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS /	☐ Chang	
TITLE	PD		DELETE	1.2 NAME				_
NAME	ROGER W. MATHEWS			1.3 STREET	T ADDDESS			
STREET ADDRESS	1			1	ì			1
CITY-ST-ZIP	PALATKA FL		DELETE	1.4 CITY-S 2.1 TITLE	1-ZIP		Chang	e
TITLE	SD		DELET-E	2.2 NAME			_ ,	
NAME	JOETTA H. MATHEWS			2.3 STREET	FADDDCCC			
STREET ADDRESS	1202 0/ 11 11 1 1 1				ſ			
CITY-ST-ZIP	PALATKA FL		DELETE	2.4 City-9 3.1 TITLE	اذیر- ا		_ Chang	e Addition
TITLE		Ь		3.1 IIILE 3.2 NAME		••	_ •	_
NAME				3.3 STREET	T ADDRESS			
STREET ADDRESS	·			3.4. CITY-9				
CITY-ST-ZIP			DELETE	4.1 TITLE	01-ZIF		☐ Chang	e Addition
TITLE		u		4.7 HILE 4. 2 NAME				_
NAME					,			
STREET ADDRESS	91				r Annpess			
CITY-ST-ZIP				4.3 STREET				
TITLE			DELETE	4.3 STREET			Chang	e Addition
NAME			DELETE	4.3 STREET 4.4 C/TY-S 5.1 TITLE			Chang	e Addition
			DELETÉ	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME	T-ZiP		☐ Chang	e Addition
STREET ADDRESS			DELETÉ	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET	T-ZIP		Chang	e Addition
CITY-ST-ZIP				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S	T-ZIP			
CITY-ST-ZIP			DELETÉ DELETE	4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE	T-ZIP		☐ Chang	
CITY-ST-ZIP TITLE NAME				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP T ADORESS T-ZIP			
CITY-ST-ZIP TITLE				4.3 STREET 4.4 CITY-S 5.1 TITLE 5.2 NAME 5.3 STREET 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP T ADDRESS T-ZIP T ADDRESS			

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:

904-325-7578