

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
IF ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

STATEMENT # **P94000067067** ✓

on Name
MILLWARD, P.A.

Place of Business
WOOD AVE
32119

Mailing Address
2701 S RIDGEWOOD AVE
SUITE 10-C
S DAYTONA FL 32119

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1994

4. FEI Number

59-3280033

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. ☐ Yes ☐ No

Place of Business

2 DUNLAWTON AV.

City, etc.

ORANGE, FL

Country **USA**

27 **25** **29** **30**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

MILLWARD, ROBERT M
CONQUINA
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE
D
MILLWARD, ROBERT M
250 COQUINA
ORMOND BEACH FL 32174

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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4.1 TITLE

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4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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I 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 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 on Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert M. Millward **Robert M. Millward** **9/3/99** **(904) 788-2600**

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90012 031 ***550.00



613083-90012-031



CR2E034 (5/99)