

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martinham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000022013 (3)**

1. Corporation Name

MLG CORPORATION



Principal Place of Business

**412 NE 16TH AVENUE
GAINESVILLE FL 32601**

Mailing Address

**412 NE 16TH AVENUE
GAINESVILLE FL 32601**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/17/1995

3a. Date of Last Report

4. FEI Number

59-3302877

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**GARVIN, H. EDWARD
412 NE 16TH AVENUE
GAINESVILLE FL 32601**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0603, Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent and the person who is the registered agent

Signature of the person who is the registered agent and the person who is the registered agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
NAME **D GARVIN, H. EDWARD**
STREET ADDRESS **412 NE 16TH AVENUE**
CITY, ST, ZIP **GAINESVILLE FL 32601**

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

D/P

☒ Change ☐ Addition

2. TITLE
NAME **D MILLER, JANET L**
STREET ADDRESS **412 NE 16TH AVENUE**
CITY, ST, ZIP **GAINESVILLE FL 32601**

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

☐ Change ☐ Addition

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

**D
Lee, Dennis G.
412 NE 16 Ave
Gainesville FL 32601**

☐ Change ☒ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 for the report year 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:

N. P. Lee
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-96

(904) 373-2598
DATE (Enter Phone #)

CR2E034 (12/95)