

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035096 (3)

1. Corporation Name

MICKLETHWAIT, INC.



Principal Place of Business

2033 MAIN ST
SUITE 600 ATTN: CHRIS CASWELL
SARASOTA FL 34237

Mailing Address

2033 MAIN ST
SUITE 600 ATTN: CHRIS CASWELL
SARASOTA FL 34237

2. Principal Place of Business

21 339 W Venice Ave.

Suite, Apt. #, etc.

22

City & State

23 Venice Fl.

Zip

24 34285

Country

2a. Mailing Address

26 339 W Venice Ave

Suite, Apt. #, etc.

27

City & State

28 Venice Fl.

Zip

29 34285

Country

30

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

4. FEI Number

65-0576996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ICARD, MERRILL, CULLIS, ET AL, P.A.
2033 MAIN ST
SUITE 600 ATTN: CHRIS CASWELL
SARASOTA FL 34237

81 Name

Michael C. Thompson

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

339 W Venice Ave

83

84 City

Venice

FL

85 Zip Code

34285

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 true if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME THOMPSON, MICHAEL C
STREET ADDRESS 47 HOOKSTONE RD
CITY-ST-ZIP HARROGATE, N YORKSHIRE, ENG.

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 339 W Venice Ave
1.4 CITY-ST-ZIP Venice, FL. 34285

TITLE D ☐ DELETE
NAME THOMPSON, SUSAN E
STREET ADDRESS 47 HOOKSTONE RD
CITY-ST-ZIP HARROGATE, N YORKSHIRE, ENG.

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 339 W Venice Ave
2.4 CITY-ST-ZIP Venice, FL. 34285

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96

Date

941-686-7151

Daytime Phone #

CR2E034 (12/95)