FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000095387 (3)**

1. Corporation Name

THE MICKYARD, INC.

Principal Place of Business	Mailing Address
% EDWARD M. LIVINGSTON, ESQ. P.O. BOX 1599 WINTER PARK FL 32790	% EDWARD M. LIVINGSTON, ESQ. P.O. BOX 1599 WINTER PARK FL 32790

3. Date Incorporated or Qualified: 12/18/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 710 E Colonial Drive
22 Suite, Apt. #, etc: 101
23 City & State: Orlando, Fl
24 Zip: 32803 25 Country:

2a. Mailing Address
26: PO Box 1926
27 Suite, Apt. #, etc:
28 City & State: Orlando Fl
29 Zip: 32802 30 Country:

4. FEI Number: 59-3352076 — 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

LIVINGSTON, EDWARD M
628 ELLEN DRIVE
P.O.BOX 1599
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name: David Fussell
82 Street Address (P.O. Box Number is Not Acceptable): [redacted]
83: 710 E. Colonial Drive Suite 101
84 City: Orlando FL 85 Zip Code: 32803

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: David D. Fussell — David D Fussell — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FUSSELL, DAVID D 1807 MAPLEWOOD DR. ORLANDO FL 32803	☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	D/P/S Fussell, David D. 1807 Maplewood Dr. Orlando, FL 32803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP	300001907705 -07/30/96--01050--004 ***225.00	☐ Change ☐ Addition
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

7-25-96

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)(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 added by an attachment with an address.

SIGNATURE: David D. Fussell — President — 7-5-96 — (407) 481-2488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

David D. Fussell, President

CR2E034 (12/95)