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Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000002848 (5)

1. Corporation Name
BRIAN MIKKELSON, INC.



Principal Place of Business

5563 PILLAR AVENUE
SPRINGHILL FL 34608

Mailing Address

5563 PILLAR AVENUE
SPRINGHILL FL 34608-1646

5563 PILLAR AVE

21 5563 PILLAR AVE

Suite, Apt. #, etc.

22
City & State
23 Springhill FL

Zip Country
24 34608

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27
City & State

Zip Country
29

3. Date Incorporated or Qualified

01/05/1996

3a. Date of Last Report

4. FEI Number

105-0640885

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

MIKKELSON, BRIAN
5563 PILLAR AVENUE
SPRINGHILL FL 34608

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

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 *Brian Mikkelsen*

BRIAN MIKKELSON Pres.

2-3-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
BRIAN MIKKELSON
STREET ADDRESS
5563 PILLAR AVE
CITY-ST-ZIP
SPRINGHILL FL

TITLE ☐ DELETE

NAME
Vice President
BUS WEAVER
STREET ADDRESS
3293 SCARBOROUGH DR.
CITY-ST-ZIP
HERNANDO BEACH FL 34608

TITLE ☐ DELETE

NAME
CHRISTIAN VARNER
STREET ADDRESS
5563 PILLAR AVE
CITY-ST-ZIP
SPRINGHILL FL 34608

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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.

SIGNATURE: *Brian Mikkelsen* BRIAN MIKKELSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-97

352-683-4308

Date Daytime Phone #

CR2E034 (9/96)