## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION

BRIAN MIKKELSON, INC.

CITY - ST - ZIP

STREET ADDRESS

TITLE

NAME



## **FILED** ELORIDA DEPARTMENT DE STATE Jan 23 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000002848 (5)



Principal Place of Business Mailing Address 5563 PILLAR AVE. 5563 PILLAR AVENUE SPRINGHILL FL 34608 SPRINGHILL FL 34606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0640885 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MIKKELSON, BRIAN 5563 PILLAR AVENUE Street Address (P.O. Box Number is Not Acceptable) SPRINGHILL FL 34608 83 84 City 85 Zip Code FI 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 little if applicable (NOTE: Registered Agent signature required vhen reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE MIKKELSON, BRIAN NAME 1.2 NAME 5563 PILLAR AVE. STREET ADDRESS 1.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WEAVER, GUS NAME 2.2 NAME 3293 SEAGRAPE DR. 23 STREET ADDRESS STREET ADDRESS HERNANDO BEACH FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE VARNER, CHRISTIAN NAME 3.2 NAME 5563 PILLAR AVE. STREET ADDRESS 3.3 STREET ADDRESS SPRINGHILL FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

6.4 CITY-ST-ZIP CITY - ST - ZIP 14. I hereby certify that the information supplied with this filling 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.

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME 6,3 STREET ADDRESS

SIGNATURE: Dury MANULANE PERSON KKELSON

☐ DELETE

352-683-4308

Change

Addition