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Apr 28 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 # P96000012600 (8)

1. Corporation Name:
MICHLIND, INC.



Principal Place of Business

3407 W. HWY. 98
PANAMA CITY FL 32401

Mailing Address

230 S. KIMBREL AVE.
PANAMA CITY FL 32404-7930

2. Principal Place of Business

21 1306 Beck Ave

Suite, Apt. #, etc.

22 City & State

23 Panama City FL

Zip

24 32401

Country

25 U.S.

2a. Mailing Address

26 1306 Beck Ave

Suite, Apt. #, etc.

27 City & State

28 Panama City FL

Zip

29 32401

Country

30 U.S.

3. Date Incorporated or Qualified

01/30/1996

3a. Date of Last Report

4. FEI Number

59-3368758

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

HITE, MICHAEL
3407 W. HWY. 98
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name

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

1306 Beck Ave

83

84 City

Panama City

FL

85 Zip Code

32401

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HITE, MICHAEL
STREET ADDRESS 230 S. KIMBREL AVE.
CITY - ST - ZIP PANAMA CITY FL 32404

TITLE D
NAME HITE, LINDA M
STREET ADDRESS 230 S. KIMBREL AVE.
CITY - ST - ZIP PANAMA CITY FL 32404

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME
1.3 STREET ADDRESS 1306 Beck Ave
1.4 CITY - ST - ZIP Panama City FL 32401

2.1 TITLE S/D
2.2 NAME
2.3 STREET ADDRESS 1306 Beck Ave
2.4 CITY - ST - ZIP Panama City FL 32401

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

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

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

6.1 TITLE
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: Linda M. Hite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-97

Date

904-769-5663

Daytime Phone #

0002104

CR2E034 (9/96)