FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000014424 (1)**

1. Corporation Name
"MIKES" TOTAL CARE MAINTENANCE INC.

Principal Place of Business
~~3205 EAST OLIVE ROAD~~
~~APT. #31~~
~~PENSACOLA FL 32514~~
SEE WEB INFO. BELOW

Mailing Address
~~3205 EAST OLIVE ROAD~~
~~APT. #31~~
~~PENSACOLA FL 32514-6271~~
SEE WEB INFO. BELOW

3. Date Incorporated or Qualified: 02/15/1996
3a. Date of Last Report:

2. Principal Place of Business
21 4331 CHANTILLY WAY
Street, Apt. #, etc.
22
City & State
23 MILTON, FLORIDA
Zip
24 32583
25 County: USA

2a. Mailing Address
26 4331 CHANTILLY WAY
Street, Apt. #, etc.
27
City & State
28 MILTON, FLORIDA
Zip
29 32583
30 Country: USA

4. FEI Number: 59-3356689 ☐ 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

KALEN, MICHAEL F
3205 EAST OLIVE ROAD
APT. #31
PENSACOLA FL 32514

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 607.1506, 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 and am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: x Michael F. Kalen (Registered Agent signature required when name is changing) DATE: 3-8-97

12. OFFICERS AND DIRECTORS

D
KALEN, MICHAEL F
3205 EAST OLIVE ROAD #31
PENSACOLA FL 32514

D
KALEN, MARGARET A
3205 EAST OLIVE ROAD #31
PENSACOLA FL 32514

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

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

CR2E034 (9/96)

14. I 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 a director or officer 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: Michael F. Kalen Michael F. Kalen March 8, 97 (904 983-0194)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #