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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000017876 (9)

MICKEY D., INC.

Principal Place of Business

5325 BLACK PINE DRIVE TAMPA FL 33624 Mailing Address

5325 BLACK PINE DRIVE TAMPA FL 33624-5704

## FILED May 07 1997 8:00am Secretary of State



			17500 71	2 00024 0701									
									3. Date Incorpo 02/26/1996	rated or Qualified	<b>3a.</b> Da	ite of Las	t Report
· · ·	Place of Business	26. Mailing Address						4. FEI Number				Applied For	
21			26					59-336				Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & Stat	te	28 City	City & State					6. Election Campaign Financing \$5.00 May B Trust Fund Contribution Added to Fees					
Zip <b>24</b>	25	<b>Z</b> ip	29 30				8. This corporation has liability for intangible tax under s. 199.0 Florida Statutes Yes 🔀 No				r s. 199,032,		
	9. Name and A	ddress of Curre	nt Registered	Agent		Ι			10. Name and A	ddress of New Re	gistered	Agent	
JOH	INSON, DAVID P					81	Name						
5777 BENÉVA ROAD SO. SARASOTA FL 34233						82 Street Address (P.O. Box Number is Not Acceptable)							
SAIL	MOUTH FL 04200					83							
						84	City			**	FL	<b>85</b> Zi	p Code
Office of i	to the provisions of registered agent, or am familiar with, and	both, in the State	i of Florida. Si	uch change was	authorize	d by	the corpo	corpora oralion	ation submits this 's board of direct	statement for the pors. I hereby acce	nurnose of	changing ointment	g its registered as registered
SIGNATURE	Signature, typed or printed	I name of registered ag	out and title if apple	cable (NC	OTE: Bog stere	d Age	nt signature t	required v	vhen reinstating)		DATE		
12.		OFFICERS AN	D DIRECTOR	S	13.				ADDITIONS/C	HANGES TO OFFIC	CERS AND	DIRECT	ORS IN 12
TITLE	D			DELETE	1111	) [E						Chang	e 🔲 Addition
NAME	MCDONALD, FL				1.2 N	AME							
STREET ADDRESS	5325 BLACK PI				13 S	IREET	ADDRESS						
CITY-ST-ZIP	TAMPA FL 3362	<b>!</b> 4			140	ITY - Si	T · ZIP						
TITLE				DELETE	211	TLE						Chang	e Addition
NAME					22 N	AME							
STREET ADDRESS					2.3 S	IREET.	ADDRESS						
CITY-ST-ZIP					2.40	ITY-S	J - 7IP						
TITLE				☐ DELETÉ	3 1 TI	TLE						☐ Chang	e Addition
NAME					3.2 N	AME							
STREET ADDRESS					3.3 S	IREE1.	ADDRESS						
CITY-ST-ZIP					3.4. 0	ITY - S	1- ZIP						
TITLE				DELETE	4.1 Ti	116				\		Change	e Addition
NAME					4.2 N	AME							
STREET ADDRESS					4.3 S	rreet.	ADDRESS						
CITY-ST-ZIP					4.4 CI	TY-S1	r- ZIP						
TITLE				DETETE	5.1 11	TLE						☐ Change	e Addition
NAME					5.2 N	AME							
STREET ADDRESS					5.3 ST	REEL.	ADDRESS						
CITY-ST-ZIP						1Y-SI	į į						
TITLE				DELETE	6.1 1		•					Change	e Addition
NAME					62 N								
STREET ADDRESS	1						ADDRESS						
CITY-ST-ZIP						TY-SI							
	by certify that the inf	ormation supplie	d with this film	io does not qua				ated in	Section 119.07(3	)(i). Florida Statute	s I further	certify th	at the
informatio	on indicated on this a officer or director of t in Block 12 or Block	annual report or : he corporation o	supplemental r the receiver	annual report is or trustec empo	true and a wored to e	accu	rate and t	that my	/ signature shall h	rave the same lega	al effect as	if made i	inder oath: that