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

PROFIT CORPORATION ANNUAL REPORT



MPG ENTERPRISES INC.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

1. Corporation Name

DOCUMENT # 1960006507

Principal Place of Business

Mailing Address

104 Fairway Ten So

4.0. BOX 180172

May 05, 1999 8:00 am Secretary of State

05-05-1999 90149 019 ***150.00

9 3 2 8 493206 - 90149 - 19

| Cosselberry FL. 327 | Dr Correlloge | | | DO NOT WRITE IN THIS SPACE | | | | |
|---|---------------------------------------|----------------|---|----------------------------|---|------------------|---------------------------------------|--|
| - COO COO COO - | 2120001 | 41th 1271 | ි | 3. | Date Incorporated or Qualifed | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | - | 4. | FEI Number | | Applied For | |
| 1 104 Fairway Ten Dr | 26 P.O. BOX 1801 | 72 | | | | | Not Applicable | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. | Certifcate of Status Desired | | . 75 Additional ee_Required | |
| city & State Casselberry, F.L. | City & State Casselberry | FL. | | 6. | Election Campaign Financing Trust Fund Contribution | • | 5.00 May Be dded to Fees | |
| Zip Country 32707 25 USA | Zip | Intry 15A | | | This corporation owes the current year In Personal Property Tax. | ntangible Ye: | _ | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | | | |
| | | 81 Nai | me | | | _ | | |
| ; | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | 83 | | | | | | |
| | | 84 City | / | | FI | 85 | Zip Code | |
| 11. Pursuant to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, the a | bove-nam | ned corpora | ation | submits this statement for the purpose of | f changi | ng its registered | |

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

SIGNATURE registered agent and title if applicable. (NOTE: Registered Agent signature required when ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 □ DELETE 1.1 TITLE ☐ Change Addition TITLE 12 NAME NAME Gregg minshall 104 Fairway Ten Dr Cosselbury, FL 32707 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition □ DELETE 2.1 TITLE TITLE Vice President 22 NAME NAME Phil Minshall 308 Quail Ct 2.3 STREET ADDRESS STREET ADDRESS Casselbucry, FL. 32707 2. 4 CITY- ST- ZIP CITY-ST-ZIP JELETE Addition TITLE Secretary 3.1 TITLE 3.2 NAME NAME Phil Minshall 3.3 STREET ADDRESS STREET ADDRESS 308 Quail Cx Cosselbury, Fr. 32707 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 41 TITLE TITLE (Treasurer 4. 2 NAME NAME Gregg Minshall 104 Fairway Fen Dr STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Casselberry, FL. 32707 CITY-ST-ZIP ☐ DELETE ☐ Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 61 TO F Change TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE: Suga mushal

CR2E034 (11/98)