

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

FILED
May 26 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000081629 (3)

1. Corporation Name

MILKYAR MANAGEMENT, INC.

MILKYAR MANAGEMENT, INC.

dba McD

PO BOX 11857

JACKSONVILLE, FL 32239

TEL / FAX 904-641-4637

Principal Place of Business

~~225 WATER STREET~~ 1001 UNIVERSITY BL

~~SUITE 1800~~

JACKSONVILLE FL 32202

Jacksonville, FL

32211

Mailing Address

~~225 WATER STREET~~

~~SUITE 1800~~

JACKSONVILLE FL 32202

dba McDONALD'S

PO BOX 11857

JACKSONVILLE, FL 32239

TEL / FAX 904-641-4637

DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------------------|--|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 | 26 | 59-3402668 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 22 | 27 | <input type="checkbox"/> | |
| City & State | City & State | 6. Election Campaign Financing | \$5.00 May Be Added to Fees |
| 23 | 28 | Trust Fund Contribution | <input type="checkbox"/> |
| Zip | Zip | 8. This corporation owes or has paid the current year Intangible | |
| 24 | 29 | Personal Property Tax due June 30. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Country | Country | | |
| 25 | 30 | | |

9. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D

~~225 WATER STREET~~

~~SUITE 1800~~

JACKSONVILLE FL 32202

9424 BAYMEADOWS RD

32256

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 tax at applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

| | |
|----------------------------|---|
| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | 1.1 TITLE |
| NAME | 1.2 NAME |
| STREET ADDRESS | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | 1.4 CITY-ST-ZIP |
| TITLE | 2.1 TITLE |
| NAME | 2.2 NAME |
| STREET ADDRESS | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | 2.4 CITY-ST-ZIP |
| TITLE | 3.1 TITLE |
| NAME | 3.2 NAME |
| STREET ADDRESS | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | 3.4 CITY-ST-ZIP |
| TITLE | 4.1 TITLE |
| NAME | 4.2 NAME |
| STREET ADDRESS | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | 4.4 CITY-ST-ZIP |
| TITLE | 5.1 TITLE |
| NAME | 5.2 NAME |
| STREET ADDRESS | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | 5.4 CITY-ST-ZIP |
| TITLE | 6.1 TITLE |
| NAME | 6.2 NAME |
| STREET ADDRESS | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | 6.4 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.

SIGNATURE

Raymond K. Lim

4-27-98 (904) 641-4637

CR2E034 (10/97)