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Feb 24, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000081629

1. Corporation Name

MILKYAR MANAGEMENT, INC.



Principal Place of Business

MCDONALD'S
1001 UNIVERSITY BLVD N
JACKSONVILLE FL 32211
US

Mailing Address

MCDONALD'S
1001 UNIVERSITY BLVD N
JACKSONVILLE FL 32211
US

MILKYAR MANAGEMENT, INC.

dba **MCDONALD'S**

PO BOX 11857

JACKSONVILLE, FL 32239

TEL / FAX 904-641-4637

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1996

2. Principal Place of Business

McDONALD'S

2a. Mailing Address

Mc DONALD'S DBA McDonald's

4. FEI Number

59-3402668

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional -
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CHUNN, DOUGLAS D
9424 BAYMEADOWS RD
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name

CHUNN, Douglas D

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

225. WATER STREET, Suite 1250
JACKSONVILLE, FL

83 City

84 City

FL

85 Zip Code

32202

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **LIM, RAYMOND K.**
CITY-ST-ZIP **5027 MARINERS POINT DR**
JACKSONVILLE FL 32225

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-1999 (904) 641-4637

JAK 1850

CR2E034 (11/98)