

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

FILED

Jan 20 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000094662 (9)

1. Corporation Name
MIKADON, INC.

Principal Place of Business

Mailing Address

2401 JASPER AVENUE
FORT MYERS FL 33907

2401 JASPER AVENUE
FORT MYERS FL 33907



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

3. Date Incorporated or Qualified

11/15/1996

4. FEI Number

65-0710064

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, DONNA K
2401 JASPER AVENUE
FORT MYERS FL 33907

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 607.1508, 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

Donna K. Miller

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
P	SPIZZ, MICHAEL	2401 JASPER AVE	FT MYERS FL	<input type="checkbox"/>	11 TITLE				<input type="checkbox"/>
VP	MILLER, DONNA K	2401 JASPER AVE	FT MYERS FL	<input type="checkbox"/>	12 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	13 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	14 CITY - ST - ZIP				<input type="checkbox"/>
				<input type="checkbox"/>	21 TITLE				<input type="checkbox"/>
				<input type="checkbox"/>	22 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	23 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	24 CITY - ST - ZIP				<input type="checkbox"/>
				<input type="checkbox"/>	31 TITLE				<input type="checkbox"/>
				<input type="checkbox"/>	32 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	33 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	34 CITY - ST - ZIP				<input type="checkbox"/>
				<input type="checkbox"/>	41 TITLE				<input type="checkbox"/>
				<input type="checkbox"/>	42 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	43 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	44 CITY - ST - ZIP				<input type="checkbox"/>
				<input type="checkbox"/>	51 TITLE				<input type="checkbox"/>
				<input type="checkbox"/>	52 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	53 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	54 CITY - ST - ZIP				<input type="checkbox"/>
				<input type="checkbox"/>	61 TITLE				<input type="checkbox"/>
				<input type="checkbox"/>	62 NAME				<input type="checkbox"/>
				<input type="checkbox"/>	63 STREET ADDRESS				<input type="checkbox"/>
				<input type="checkbox"/>	64 CITY - ST - ZIP				<input type="checkbox"/>

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: *Donna K. Miller* DONNA K MILLER 1/9/98 941-929-1943

CR2E034 (10/97)