Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90206 035 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000103666

| 1. Corporation M. H. H | GGINS, INC. | 100000 | | | |
|--|--|---|---|--|--|
| Principal Place of Business Mailing Address | | | | | DIS BOTON TILIN ELITO BITTO ATTI FORS |
| 813 SANDCASTLE CIR BRANDON FL 33511 US | | 813 SANDCASTLE CIR BRANDON FL 33511 US | | DO NOT WRITE IN TH | IIS SPACE |
| | | | | 3. Date Incorporated or Qualifed | |
| | <u> </u> | | | 12/23/1996 | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | Suite, Apt. #, etc. | | 59-3429385 | Not Applicable \$8.75 Additional |
| Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 5. Certificate of Status Desired | Fee Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | This corporation owes the current year | |
| 24 | 25 | · | 30 ´ | Personal Property Tax. | ☐ Yes ☑No |
| | 9. Name and Address of Curren | t Registered Agent | | 10. Name and Address of New Registers | ed Agent |
| WOL | CE LADDY | | 81 Name | Michael H. Higains | |
| WOLFE, LARRY . 200-A JOHN KNOX ROAD | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable) | |
| TALLAHASSEE FL 32303-6643 | | | 83 | 313 Sandcastle Ck. | |
| | 34 1/100EE 1 E 02000 00 10 | | | | |
| ſ | | | 84 City Be | randon F | L 85 Zip Code 33511 |
| 11. Pursuant office or re | to the provisions of Sections 607.050: egistered agent, or both, in the State of m familiar with, and adcept the optimal | 2 and 607.1508, Florida Statutes of Florida, Such change was au Jons of Section 607.0505, Flori | the above-named corp thorized by the corporation da Statutes. | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its registered cointment as registered |
| SIGNATURE | Midlet | N SSNI | Michael H. | Hagins F | 19-99 |
| | Signature, typed or printed name of registered agen | t and title if a bligable (NOTE: F | Registered Agent signature require | ADDITIONS/CHANGES TO OFFICERS | AND DIRECTORS IN 12 |
| 12. | D OFFICERS AN | DELETE | 1.1 TITLE | ADDITIONS/GHANGES TO STETICE NO | Change Addition |
| NAME | HIGGINS, MICHAEL H | | 1.2 NAME | • | |
| STREET ADDRESS | 813 SANDCASTLE CIR | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BRANDON FL 33511 | | 1.4 CITY-ST-ZIP | | |
| TITLE | Director | ☐ DELETE | 2.1 TITLE | Director | ☐ Change Addition |
| NAME. | 1-trains Melissa | | 2.2 NAME | Higgins, Welissa | |
| STREET ADDRESS | Ricardostle | Ce . | 2.3 STREET ADDRESS | 813 sandcastle Cl. Brandon Fc. 335 | |
| CITY-ST-ZIP | Brandon, FC | 33511- | 2.4 CITY-ST-ZIP | Brandon FL. 335 | |
| TITLE | , | ☐ DELETE | 3 1 TITLE | • • | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4. C/TY-ST-Z/P 4.1 TITLE | | ☐ Change ☐ Addition |
| TITLE | | ☐ pereie | 4.1 IIILE 4.2 NAME | | |
| NAME | | | 4. Z IVAMC | | |

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 exprowered 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

TUBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

☐ DELETE

traggins 1-19-99 8

813-643-1182 avtime Phone #

Change

☐ Change

Addition

☐ Addition