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

PROFIT
CORPORATION
ANNUAL REPORT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME



LLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

☐ Addition

Change

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9700000490 (7)

MILLVILLE CONSTRUCTION, INC.

Mailing Address Principal Place of Business 416 E AVE 41B E AVE PANAMA CITY FL 32401-4766 PANAMA CITY FL 32401 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees 23 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032 Zip ☐ No Florida Statutes Yes 25 24 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent 81 Name Bronnenhuber, Rene 416 E AVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 Zip Code 84 Cilv 85 11. Pursuant to the provisions of Socians 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 Lorida. 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 (NOTE: Frigistered Agent signature required when resistating) Signature, typed or punted name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 11100 TIFLE **BRONNENHUBER, RENE** 1.2 NAMI NAME 416 E AVE STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32401 1.4 CITY- \$1 - ZIP CITY - ST - ZIP Change Addition DELETE 2.1 TITUE TITLE 2.2 NAMI NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - St - Zir CITY-ST-ZIP Change Addition DELETE 3 1 THLE TITLE 3.2 NAMI NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CHY+ST+ZIF DELFTE Change Addition 5.1 10114 TITLE 5.2 NAME NAME

14. I do hereby certily 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

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CIPY-ST-7IP

5.4 C(1Y - S1 - Z(f)

61 TITLE

6.2 NAME

DELETE

ICHATURE 19 19 904 185-5902