

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000010590 (2)

1. Corporation Name
MC SERVICE, INC.



Principal Place of Business 398 HOLMAN ROAD CAPE CANAVERAL FL 32920	Mailing Address 397 — 998 HOLMAN ROAD CAPE CANAVERAL FL 32920 US POST OFFICE CHANGED NUMBER !!
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 397 HOLMAN ROAD Suite, Apt. #, etc. 22 CAPE CANAVERAL City & State 23 FLORIDA Zip 24 32920	2a. Mailing Address 26 397 HOLMAN ROAD Suite, Apt. #, etc. 27 CAPE CANAVERAL City & State 28 FLORIDA Zip 29 32920
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3. Date incorporated or Qualified 02/03/1997	4. FEI Number 59-342-8928	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 MCMILLIN, EARL R 398 HOLMAN ROAD CAPE CANAVERAL FL 32920 397
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10. Name and Address of New Registered Agent 81 Name MCMILLIN, EARL R. 82 Street Address (P.O. Box Number is Not Acceptable) 397 HOLMAN ROAD 83 CAPE CANAVERAL 84 City FL 85 Zip Code 32920

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 *Earl R. McMillin* 1/30/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY - ST - ZIP	

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

SIGNATURE: *Earl R. McMillin* 1/30/98 (407) 783-8834

CR2E034 (10/97)