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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000017498**1. Corporation Name

MICCAT COMPANY

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Principal Place of Business Mailing Address											
POST OFFICE BOX 11033 8050 N 9TH AVE #124											
PENSACOLA F	L 32524	PENSACOLA FL 32514-6467	PENSACOLA FL 32514-6467				DO NOT WRIT	E IN THIS !	SPACE		
U\$							3. Date Incorporated or Qualifed				
ı						l					
							02/20/1997			=1-4:5	
Principal Place of Business Za. Mailing Address							FEI Number		<u> </u>	plied For	
21 26							<u>59-3424941</u>			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.						5.	Certificate of Status Desired		·	Additional	
22 27										equired	
City & State City & State						6.	Election Campaign Financing		\$5.00 May Be		
23		28					Trust Fund Contribution Added to Fees				
Zip	Country Zip		Cou	ntry		8.	8. This corporation owes the current year Intangible				
24	25	29	30				Personal Property Tax.		☐ Yes	□No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered				\gent		
				81	Name					,	
HILL	L, CATHAN V			-	Ctreat Ada	d (D	O. Bay Number is Not Assents	hle)			
8050 N 9TH AVE #124				02	82 Street Address (P.O. Box Number is Not Acceptable)						
PEN	ISACOLA FL 32514-6467			83							
				84	City			FL	85 Zip	Code	
							- L-it- this statement for the		changing its	registered	
11. Pursuan	t to the provisions of Sections 607.0 registered agent, or both, in the Sta	502 and 607.1508, Florida Statute te of Florida, Such change was at	es, the at uthorized	oove ! hv	a-named con the corporat	rporation tion's bo	ard of directors. I hereby accer	t the appoir	itment as re	egistered	
agent. 1	am familiar with, and accept the obli	gations of, Section 607.0505, Flor	rida Statı	ıtes.						_	
SIGNATURE											
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE		Agen	nt signature requir			DATE			
12.	OFFICERS A	AND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AN	_		
TITLE	P	☐ DELETE	1,1 TII	ILE					☐ Change	☐ Addition	
NAME	HILL, JOHN M		1.2 NA	WE							
STREET ADDRESS 8050 B 9TH AVENUE 124			1.3 ST		STREET ADDRESS						
CITY-ST-ZIP PENSACOLA FL 32514		140		.4 CITY-ST-ZIP							
TITLE	VP	DELETE			1 TITLE				☐ Change	Addition	
NAME	CALVERT, FINIS S JR	/X	2.2 NA	MF							
		سمديد يبيه عامدا			TADDRESS						
STREET ADDRES	PENSACOLA FL 32504										
CITY-ST-ZIP			_	2. 4 CITY-ST-ZIP 3.1 TITLE					Change	Addition	
TITLE				3.1 IIILE 3.2 NAME						_	
NAME	HILL, CATHAN V								•		
STREET ADDRES			3.3 ST	REET	TADDRESS						
CITY-ST-ZIP	PENSACOLA FL 32514			_	ST-ZIP					— A JJ:2:	
TITLE	DELETE		4.1 TI	4.1 TITLE					Change	Addition	
NAME			4. 2 N	AME							
STREET ADDRES	s		4.3 ST	REE	T ADDRESS						
CITY-ST-ZIP	1		4.4 CF	TY-S	T-ZIP						
TITLE		☐ DELETE	5.1 ΤΓ						☐ Change	☐ Addition	
NAME			5.2 N/	WE							
			5.3 ST	REE	TADORESS						
STREET ADDRES	²				ST-ZIP						
CITY-ST-ZIP		☐ DELETE	6.1 π						Change	Addition	
TITLE	i	☐ DELETE	# V. I I						المراسية الماسية		

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

NAME

STREET ADDRESS

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.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90162 037 ***150.00