## 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 # P97000053985

1. Corporation Name

MILLENNIUM ELEVATOR, INC.

Principal Plac	e of Business	Mailing Address				)  }		
721 STONEWALL ST. JACKSONVILLE FL 32204		721 STONEWALL ST. JACKSONVILLE FL 32204			DO NOT WRITE IN THIS SF	PACE		
					3. Date Incorporated or Qualifed	·		
					06/18/1997			
2. Principal Place of Business 2a. Mailing Address					4, FEI Number		lied For	
21 26			2010- 4-4 44 -44		59-3453789		Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Ac Fee Req		 
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	,	
Zip Country			Zip Country		This corporation owes the current year Intang			
24	25	29	30	•	·		No	l
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered Ag	ent		
		····		Name	a Asia Asia			ĺ
STRICKLAND, JACK W JR			<u> </u>	32 Street	Address (P.O. Box Number is Not Acceptable)			
721 STONEWALL ST.			ľ	0				
JAC	KSONVILLE FL 32204		[i	33				
			}-	34 City		85 Zip Ci	ode	
			ĺ	1	FL			l
office or	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthonzed	by the corp	corporation submits this statement for the purpose of characteristics of directors. I hereby accept the appointment of the control of the con	anging its regi	egistered istered	
SIGNATURE	Signature, typed or printed name of registered ag		_		required when reinstating) DATE			٠,
12,		AND DIRECTORS	13.	gon agnatary	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12	٥
TITLE	D	☐ DELETE	1.1 TITL	E .		Change	Addition	3
NAME	STICKLAND, JACK W		1.2 NAM	E	STRICKLAND, JACK W.			1
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		☐ OECE1E	5.1 NAA		Ĺ	] Change	☐ Addition	
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TITLE NAME STREET ADDRESS		DELETE	5.2 NAA 5.3 STR	IE EET ADDRESS (-ST-ZIP		Change	Addition	

SIGNATURE!

NAME

STREET ADDRESS

CITY-ST-ZIP

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 suppliemental 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 of the receiver of 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 affectment with an address, with all other like empowered.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90133 022 \*\*\*150.00

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