

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000076187 (8)

1. Corporation Name

MLOP, INC.

Principal Place of Business

4540 SOUTHSIDE BLVD., SUITE 302
JACKSONVILLE FL 32216

Mailing Address

4540 SOUTHSIDE BLVD., SUITE 302
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1997

4. FEI Number

59-3466950

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

2. Principal Place of Business

21 9551 BAYMEADOWS RD

Suite, Apt. #, etc.

22 SUITE 4

City & State

23 JACKSONVILLE FL

Zip

24 32256

Country

2a. Mailing Address

26 9551 BAYMEADOWS RD

Suite, Apt. #, etc.

27 SUITE 4

City & State

28 JACKSONVILLE FL

Zip

29 32256

Country

30

9. Name and Address of Current Registered Agent

HURST, CHRISTOPHER J
4540 SOUTHSIDE BLVD., SUITE 302
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

E. CHESTER STOKES, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

9551 BAYMEADOWS RD., SUITE 4

83

84 City

JACKSONVILLE

FL

85 Zip Code

32256

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

E. CHESTER STOKES, JR.

4/15/98

Signature required for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME D
HURST, CHRISTOPHER J
STREET ADDRESS 4540 SOUTHSIDE BLVD., SUITE 302
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition

1.2 NAME STOKES, E. CHESTER, JR.
1.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME BERGMANN, THOMAS C.
2.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME BRAREN, MICHAEL E.
3.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
3.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

4.1 TITLE V ☐ Change ☒ Addition

4.2 NAME WALLACE, L. DENISE
4.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
4.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

5.1 TITLE VT ☐ Change ☒ Addition

5.2 NAME FREDENHAGEN, SHARON W.
5.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
5.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

6.1 TITLE S ☐ Change ☒ Addition

6.2 NAME HICE, SHERRY
6.3 STREET ADDRESS 9551 BAYMEADOWS RD., SUITE 4
6.4 CITY-ST-ZIP JACKSONVILLE, FL 32256

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.

CR2E034 (10/97)