

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90015 049 ***150.00

DOCUMENT # P98000008232

1. Corporation Name
TOM MILNER, INC.

Principal Place of Business

C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 700
MIAMI FL 33131-2816

Mailing Address

C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA SUITE 700
MIAMI FL 33131-2816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1998

4. FEI Number

X 45-0808720

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 the current year Intangible
Personal Property Tax.

X Yes ☐ No

2. Principal Place of Business

21 C/O James M. Guest, P.A.

Suite, Apt. #, etc.

22 15600 S.W. 288 St, 310

City & State

23 Homestead, FL

Zip

24 33033

Country

25 USA

2a. Mailing Address

26 C/O James M. Guest, P.A.

Suite, Apt. #, etc.

27 15600 SW 288 St, 310

City & State

28 Homestead, FL

Zip

29 33033

Country

30 USA

9. Name and Address of Current Registered Agent

GREEN, JONATHAN H
C/O JONATHAN H. GREEN & ASSOCIATES, P.A.
799 BRICKELL PLAZA, SUITE 700
MIAMI FL 33131-2816

10. Name and Address of New Registered Agent

81 Name James M. Guest, P.A.
82 Street Address (P.O. Box Number is Not Acceptable)
15600 S.W. 288 STREET
83 #310
84 City Homestead FL 85 Zip Code 33033

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

X

(NOTE: Registered Agent signature required when reinstating)

DATE

3/5/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME GREEN, JONATHAN H
STREET ADDRESS 799 BRICKELL PLAZA, SUITE 700
CITY-ST-ZIP MIAMI FL 33131-2816

DELETE

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PD ☐ Change ☒ Addition

12 NAME Tom Milner

13 STREET ADDRESS C/O James M. Guest

14 CITY-ST-ZIP 15600 S.W. 288 St, #310, Homestead, FL 33033

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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.

SIGNATURE:

X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 45-99305-248-0861

Date

Daytime Phone #

CR2E034 (11/98)

0187906