


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

03-10-1999 90071 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043256					
1. Corporation Name MILLENDER & MOLSBEЕ CONSTRUCTION INC.					
Principal Place of Business P O BOX 952 CARRABELLE FL 32322			Mailing Address P O BOX 952 CARRABELLE FL 32322		
2. Principal Place of Business					
21 Hwy 98 Carrabelle FL		2a. Mailing Address 26 P O Box 952		3. Date Incorporated or Qualified 05/13/1998	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-351599	
23 City & State Carrabelle FL		28 City & State Carrabelle FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 32322		29 Zip 32322		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country Franklin		30 Country Franklin		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MILLENDER, GARRY 13TH ST CARRABELLE FL 32322			10. Name and Address of New Registered Agent		
81 Name			82 Street Address (P.O. Box Number is Not Acceptable)		
83			84 City		
85 Zip Code			FL		
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					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE ED		<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME Millender, Garry J.		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 13th west		1.2 NAME		1.3 STREET ADDRESS	
CITY-ST-ZIP Carrabelle, FL 32322		1.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 0		<input type="checkbox"/> DELETE		2.1 TITLE	
NAME Molsbee Richard		2.2 NAME		2.3 STREET ADDRESS	
STREET ADDRESS 2043 Lighthouse Rd.		2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP Carrabelle, FL 32322		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		<input type="checkbox"/> DELETE		3.2 NAME	
NAME		3.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE		4.1 TITLE	
TITLE		<input type="checkbox"/> DELETE		4.2 NAME	
NAME		4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE		5.1 TITLE	
TITLE		<input type="checkbox"/> DELETE		5.2 NAME	
NAME		5.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE		6.1 TITLE	
TITLE		<input type="checkbox"/> DELETE		6.2 NAME	
NAME		6.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY-ST-ZIP		<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

Garry Millender
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 GARRY MILLENDER

294-99

850-697-3114

Date

Daytime Phone #

CR2E034 (11/98)