**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P98000084713

1. Corporation Name

SHAWN MILLIGAN, INC.

Principal Place o	f Business
-------------------	------------

Mailing Address

31 FIFTH STREET, N.W. WINTER HAVEN FL 33880 31 FIFTH STREET, N.W. WINTER HAVEN FL 33880

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90165 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

						10/01/1998
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				59 353 507/ Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				- \$8.75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	9	City & State				6. Election Campaign Financing S5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year Intangible
24	25	29 3	0			Personal Property Tax.
	9. Name and Address of Current	~! <del>_</del> ~!~~~~~	7			10. Name and Address of New Registered Agent
<u></u>				81	Name	
31 FIFTH SIMEET, N.W.			82 Street Address (P.O. Box Number is Not Acceptable)			
			dress (P.O. Box Number is Not Acceptable)			
TAIW	TER HAVEN FL 33880		1	83		
			L			
			-	84	City	FL 85 Zip Code
44	to the annual fine of Sections CO7 0503	and 607 4500 Florida Statutas	the ab		named cor	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State o	f Florida. Such change was auth	horized	by th	ne corporat	tion's board of directors. I hereby accept the appointment as registered
agent. I ar	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statut	tes.		
SIGNATURE	Shown F. O	Millinger				red when reinstating)  DATE  DATE
	Signature, typed or printed name of registered agent		egistered A	Agent :	signature requir	red when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	PSTD OFFICERS AND	DELETE		_		Change Addition
TITLE		LJ DELEIC	1.1 TITLE		1	
NAME !	MILLIGAN, SHAWN		1.2 NAA			
STREET ADDRESS	31 FIFTH STREET, N.W.		1 3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33880		1,4 CIT		ZIP	
TITLE		☐ DELETE	2,1 TITL	.E		☐ Change ☐ Addition
NAME			2.2 NAME		- 1	
STREET ADDRESS			2.3 STREET ADDRESS		DDRESS	
CITY-ST-ZIP			2.4 CIT	Y-ST-	ZIP	
TITLE		☐ DELETÉ	3.1 TITL	.E		☐ Change ☐ Addition
NAME )			3.2 NAN	ΜE	)	
STREET ADDRESS			3.3 STR	REETA	DDRESS	
CITY-ST-ZIP			3.4. CIT	Y-ST-	ZIP .	
TITLE		☐ DELETE	4,1 T/TL	E.		☐ Change ☐ Addition
NAME			4, 2 NA	ME		
STREET ADDRESS			4 3 STR	REET A	DDRESS	
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP	
TITLE		☐ DELETE	5,1 TITL	E		Change Addition
NAME	÷.		5.2 NAN	Æ	į	
STREET ADDRESS			5.3 STR	REETA	DDRESS	
CITY-ST-ZIP	L S		5.4 CITY	Y-ST-	ZIP	
TITLE		☐ DELETE	6.1 TITL	E	<del> +-</del>	☐ Change ☐ Addition
NAME			6.2 NAA	νE		<b>v</b> -
i					DDRESS	
STREET ADDRESS			6.4 CIT			
CITY-ST-ZIP	and it that the information our alled with	this filing does not qualify for the				Section 119 07(3)(i) Florida Statutes   further certify that the information

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 turther 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: