

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90046 017 ***150.00

DOCUMENT # **P98000104190**

1. Corporation Name
MLOP II, 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

2. Principal Place of Business

21 9551 BAYMEADOWS RD

Suite, Apt. #, etc.

22 SUITE 4

City & State

23 JACKSONVILLE FL

Zip Country

24 32256

2a. Mailing Address

26 9551 BAYMEADOWS RD

Suite, Apt. #, etc.

27 SUITE 4

City & State

28 JACKSONVILLE FL

Zip Country

29 32256

30

3. Date Incorporated or Qualified

12/14/1998

4. FEI Number

59-3548397

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. ☐ Yes ☒ No

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 STOKES E CHESTER 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

Signature typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

4/23/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE

NAME **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

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 **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 **DV** ☐ 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 I. 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, with all other like empowered.

SIGNATURE: **Sherry Hice** **Sherry Hice**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

904/739-2249

Daytime Phone #

CR2E034 (11/98)