FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **S24248** **(4)**

1. Corporation Name

MOLINO, INC.

Principal Place of Business

1502 BARTH HEIGHTS ROAD
CANTONMENT FL 32533

Mailing Address

1502 BARTH HEIGHTS ROAD
CANTONMENT FL 32533

3. Date Incorporated or Qualified: **01/07/1991**

3a. Date of Last Report: **08/31/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 Molino Fla.
Zip
24 32577
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 Molino
Zip
29 32577
Country
30

4. FEI Number: **59-3042878** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

NOECKER, ROBERT LEE
1502 BARTH HEIGHTS ROAD
CANTONMENT FL 32533

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City Molino FL 85 Zip Code 32577

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 _____ DATE

Signature typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when filing this form.

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	NOECKER, ROBERT LEE		1.2 NAME		
STREET ADDRESS	1502 BARTH HEIGHTS RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL		1.4 CITY-ST-ZIP	Molino FL. 32577	
TITLE	D	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	NOECKER, JUDITH M.		2.2 NAME		
STREET ADDRESS	1502 BARTH HEIGHTS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL		2.4 CITY-ST-ZIP	Molino FL. 32577	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Robert Lee Noecker 4/29/95 504-968-1129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #