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

DOCUMENT # S38141

1. Corporation Name

MILBRO INVESTMENT COMPANY

Principal Place of Business	Mailing Address
P O BOX 908 HIGHLAND CITY FL 33846	P O BOX 908 HIGHLAND CITY FL 33846

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/11/1991

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-3069247	Not Applicable

Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certifcate of Status Desired ☐	$8.75 Additional Fee Required
22	27		

City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23	28		

Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax. ☐Yes ☐No
24	25	29	30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, PAUL W. 2804 CHATSWORTH LANE LAKELAND FL 33813	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☒ DELETE NAME **MILLER, PAUL W.** STREET ADDRESS **2804 CHATSWORTH LN** CITY-ST-ZIP **LAKELAND FL**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **MILLER, BJ.** STREET ADDRESS **2804 CHATSWORTH LANE** CITY-ST-ZIP **LAKELAND FL**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS *2858 Chatsworth* 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **MILLER, GUY E.** STREET ADDRESS **16430 WILSON CREEK COURT** CITY-ST-ZIP **CHESTERFIELD MO**		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** ☐ DELETE NAME **MILLER, DELORES** STREET ADDRESS **16430 WILSON CREEK COURT** CITY-ST-ZIP **CHESTERFIELD MO**		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ 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: _____ 4/30/99

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

CR2E034 (11/98)