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 # \$53414

1. Corporation Name

MICHADDIC INC

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90008 043 ***150.00

IVI.C. FIAF	inio ino.								
Dringing Digg	o of Business	Mailing Address				-		F BIORL OLDIN 1001	
Principal Place of Business		· ·							
6838 CLEVELAND RD. JACKSONVILLE FL 32209		6838 CLEVELAND RU JACKSONVILLE FL 3				DO NOT WRITE IN TH	IIS SPACE		
						3. Date Incorporated or Qualifed			
						05/16/1991			
2. Principal Place of Business		2a. Mailing Address				4. FEI Number	T A	pplied For	
¬ '		<u> </u>				- 59-1003239		lot Applicable	
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.						Additional	
¬		27				5. Certifcate of Status Desired	•	Required	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
<u> </u>	ic.	28				Trust Fund Contribution		I to Fees	
23	Country	Zip	Col	untry		8. This corporation owes the current year			
_ , '	25	29	30	,		Personal Property Tax.	Yes	□No	
24	9. Name and Address of Current		30	T		10. Name and Address of New Register			
	or identically received to delight			81	Name				
MCL	EAN, THOMAS			\square					
3899 VALENCIA ROAD				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	KSONVILLE FL 32205			83					
				84	City		85 Zip	Code	
44.5	A. th	2 CO7 1500 Florida	Ctatutes the	10040	namad samo	ration submits this statement for the purpose		s registered	
office or r	registered agent, or both, in the State of	of Florida. Such change	was authorize	a by ti	he corporation	's board of directors. I hereby accept the ap	pointment as r	egistered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.050	5, Florida Stat	lutes.					
SIGNATURE						when reinstating) DATE			
40	Signature, typed or printed name of registered agen OFFICERS AN		(NOTE: Registered		aignature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	ORS IN 12	Ś
12.	P OFFICERS ANI	DELE				ADDITIONO/OFFATOLO TO OFF	Change		3
TITLE	·	<u>−</u>							
NAME	HARRIS, MARVIN C.		1.2 N						8
STREET ADDRESS	6838 CLEVELAND RD.		L		ADDRESS				Ļ
CITY-ST-ZIP	JACKSONVILLE FL			TY-ST-	-ZiP		☐ Change	Addition	C
TITLE	\$						Criange	Addition	
NAME	HARRIS, RUTH		2.2 N	IAME					
STREET ADDRESS		لينيس لماء أرشته لينفدات	2.35	TREET /	ADORESS				
CITY-ST-ZIP	JACKSONVILLE FL			CITY-ST	-ZIP				
TITLE) ν	☐ DELE	TE 3.1 Π	TTLE	Ì		Change	Addition	
NAME	HARRIS, LEON		3.2 N	IAME				ļ	
STREET ADDRESS	6838 CLEVELAND ROAD		3.3 S	TREET	AODRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. 0	CITY-ST	-ZIP				
TITLE		☐ DELE	TE 4.1 TI	ITLE			☐ Change	Addition	
NAME			4.21	JARAC	1			ļ	
STREET ADDRESS				MANC	1				
CITY-ST-ZIP	·				ADDRESS				
			4.3 S						
TITLE		☐ DELE	4.3 S 4.4 C	TREET A			☐ Change	e	
		DELE	4.3 S 4.4 C	TREET / TTY-ST- TTLE			☐ Change	e Addition	
TITLE NAME		☐ DELE	4.3 \$ 4.4 C TE 5.1 TI 5.2 N	TREET A CITY-ST- TILE IAME			☐ Change	e Addition	
TITLE NAME STREET ADDRESS		☐ DELE	4.3 \$ 4.4 C TE 5.1 TI 5.2 N 5.3 \$	TREET A ETTY-ST- TILE IAME	ADORESS	<u>-</u>	Change	e Addition	
TITLE NAME		DELE	43S 44G TE 51T 52N 53S 54G	TREET A	ADORESS	_	☐ Change	_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			43S 44G TE 51T 52N 53S 54G	TREET A	ADORESS	_		_	
NAME STREET ADDRESS CITY-ST-ZIP			4.3\$ 4.4.6 TE 5.1.17 5.2.N 5.3.\$ 5.4.0 TE 6.3.7	TREET A	ADORESS	_		_	

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: (