

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # S55555

(4)

1. Corporation Name

MILESTONE SERVICES, INC.

FILED
95 AUG 10 PM 12:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

6531 RAMBLEWOOD CIRCLE
LAKE WORTH FL 33467

Mailing Address

6531 RAMBLEWOOD CIRCLE
LAKE WORTH FL 33467

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

65-0256340

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

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FULLER, KATHLEEN M. AND
6531 RAMBLEWOOD CIRCLE
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
FULLER, KATHLEEN M.
6531 RAMBLEWOOD CIRCLE
LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
KACHELRIESS, SHARON
4689 SE BAYSHORE TERRACE
STUART FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
HAUNERT, DANIEL E.
6531 RAMBLEWOOD CIRCLE
LAKE WORTH, FL 33467

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VPD
VILCHEK, LESLIE W.
4689 SE BAYSHOPPE TERR.
STUART, FL 34997

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
HALL, JON C.
7825 NE BAYSHORE COURT
MIAMI, FL 33138

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(b), 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:

Les Vilchek Les Vilchek - Vice President 8/5/95 407 687-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone