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FILED

Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V37418 (3)

1. Corporation Name
MICHAEL J. LILLY CONSTRUCTION, INC.



Principal Place of Business

6700 S FLA AVE
SUITE 16
LAKELAND FL 33813
US

Mailing Address

6700 S FLA AVE
SUITE 16
LAKELAND FL 33813
US

3. Date Incorporated or Qualified
05/18/1992

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

21 5300 South Florida Ave.

2a. Mailing Address

26 5300 South Florida Ave.

Suite, Apt. #, etc.

22 Suite E

Suite, Apt. #, etc.

27 Suite E

City & State

23 Lakeland, FL 33813

City & State

28 Lakeland, FL

Zip

24 33813

Country

25 US

Zip

29 33813

Country

30 US

4. FEI Number

59-3146553

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

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

LILLY, MIKE
6700 S FLA AVE
SUITE 16
LAKELAND FL 33813

10. Name and Address of New Registered Agent

81 Name

Mike Lilly

82 Street Address (P.O. Box Number is Not Acceptable)

5300 South Florida Ave.

83

Suite E.

84

City Lakeland

FL

85

Zip Code

33813

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 of typewritten printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/31/97

12. OFFICERS AND DIRECTORS

TITLE DPV ☒ DELETE

NAME LILLY, MICHAEL J.
STREET ADDRESS 6700 S FL AVE STE 16
CITY - ST - ZIP LAKELAND FL

TITLE ST ☒ DELETE

NAME LILLY, MICHAEL J.
STREET ADDRESS 6700 S FLA AVE STE 16
CITY - ST - ZIP LAKELAND FL

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 DPV ☒ Change ☐ Addition

1.2 NAME Michael J. Lilly
1.3 STREET ADDRESS 5300 S Florida Ave. Suite E
1.4 CITY - ST - ZIP Lakeland, FL 33813

2.1 TITLE ST ☒ Change ☐ Addition

2.2 NAME Michael J. Lilly
2.3 STREET ADDRESS 5300 S. Florida Ave. Suite E
2.4 CITY - ST - ZIP Lakeland, FL 33813

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/31/97 646-3269

Date

Daytime Phone #

0524189

CR2E034 (9/96)