

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 446190

**Entity Name:** MILPAPCO, INC.

**Current Principal Place of Business:**

425 NO LEE STREET  
SUITE 102A  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

P.O. BOX 41295  
JACKSONVILLLE, FL 32203-1295

**FEI Number:** 59-1575311

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PAPPAS, TED P.  
425 NO LEE STREET  
SUITE 102A  
JACKSONVILLE, FL 32204 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title	P	Title	SV
Name	MILNE (DOUGLAS J.)	Name	PAPPAS, TED P.
Address	4595 LEXINGTON AVE	Address	425 NO LEE STREET SUITE 102A
City-State-Zip:	JACKSONVILLE FL	City-State-Zip:	JACKSONVILLE FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TED P. PAPPAS

SV

05/01/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date