

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # J38035 (8)

1. Corporation Name
MUMMAW AND ASSOCIATES, INC.

Principal Place of Business
%DOUGLAS A. MUMMAW
1515 N. FEDERAL HWY #314
BOCA RATON FL 33432

Mailing Address
%DOUGLAS A. MUMMAW
1515 N. FEDERAL HWY #314
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1986

4. FEI Number

59-2726742

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2530 NW Boca Raton Blvd

Suite, Apt. #, etc.

N/A

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 USA

2a. Mailing Address

26 2530 NW Boca Raton Blvd

Suite, Apt. #, etc.

N/A

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 USA

9. Name and Address of Current Registered Agent

MUMMAW, DOUGLAS A.
1515 NORTH FEDERAL HWY.
STE. 314
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

MUMMAW, Douglas A.

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

2530 NW Boca Raton Blvd.

83

84 City

Boca Raton

FL

85 Zip Code

33431

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.1.98

12. OFFICERS AND DIRECTORS

TITLE P MUMMAW, DOUGLAS A. ☐ DELETE

NAME

STREET ADDRESS 1111 SW 4TH ST.

CITY-ST-ZIP BOCA RATON FL 33486

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 in the attachment with an address.

SIGNATURE

9.1.98

CR2E034 (5/98)