

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

85 MAY -1 PM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V03790** (5)

1. Corporation Name  
**MULLIGAN'S INC.**

Principal Place of Business Mailing Address  
**% WILLIAM M. STOVER**  
**8707 TEMPLE TERRACE HWY.**  
**TEMPLE TERRACE FL 33637**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>01/03/1992</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-3099105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**STOVER, WILLIAM M.**  
**8707 TEMPLE TERRACE HIGHWAY**  
**TEMPLE TERRACE FL 33637**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when transferring) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>STOVER, WILLIAM M.</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <b>5214 MATADOR CT., #1</b>	<b>TAMPA FL</b>	1.2 NAME	
CITY - ST - ZIP <b>TAMPA FL</b>		1.3 STREET ADDRESS <b>8601 FISHERMANS PT. DRIVE</b>	
TITLE <b>D</b>	<b>STOVER, ROBERTA W.</b>	1.4 CITY - ST - ZIP <b>TEMPLE TERRACE, FL. 33637</b>	
STREET ADDRESS <b>5214 MATADOR CT. #1</b>	<b>TAMPA FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
CITY - ST - ZIP <b>TAMPA FL</b>		2.2 NAME	
TITLE <b>D</b>	<b>DAVE, BETTY J.</b>	2.3 STREET ADDRESS <b>8601 FISHERMANS PT. DRIVE</b>	
STREET ADDRESS <b>8404 DEL REY COURT #318</b>	<b>TAMPA FL</b>	2.4 CITY - ST - ZIP <b>TEMPLE TERRACE, FL. 33637</b>	
CITY - ST - ZIP <b>TAMPA FL</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		3.2 NAME	
NAME		3.3 STREET ADDRESS	
STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		4.2 NAME	
NAME		4.3 STREET ADDRESS	
STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		5.2 NAME	
NAME		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		6.2 NAME	
NAME		6.3 STREET ADDRESS	
STREET ADDRESS		6.4 CITY - ST - ZIP	
CITY - ST - ZIP			

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 110.07(3)(k), 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: William M. Stover 4/25/95 813-988-7493  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name #)