

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V03790 (5)**

1. Corporation Name
MULLIGAN'S INC.



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

3. Date Incorporated or Qualified: **01/03/1992**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-3099105**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City, State, Zip, and Country.

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 (81-85) fields.

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) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: STOVER, WILLIAM M.	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8801 FISHERMANS PT. DRIVE	CITY-ST-ZIP: TEMPLE TERRACE FL	2. NAME:	
TITLE: D	NAME: STOVER, ROBERTA W.	3. STREET ADDRESS:	
STREET ADDRESS: 8801 FISHERMANS PT. DRIVE	CITY-ST-ZIP: TEMPLE TERRACE FL	4. CITY-ST-ZIP:	
TITLE: D	NAME: DAVE, BETTY J.	5. TITLE:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 8404 DEL REY COURT #318	CITY-ST-ZIP: TAMPA FL	6. NAME:	
TITLE:	NAME:	7. STREET ADDRESS: 8109 FISHERMANS PT. DRIVE	
STREET ADDRESS:	CITY-ST-ZIP:	8. CITY-ST-ZIP:	
TITLE:	NAME:	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	10. NAME:	
TITLE:	NAME:	11. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	12. CITY-ST-ZIP:	
TITLE:	NAME:	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	14. NAME:	
TITLE:	NAME:	15. STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	16. 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 119.07(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* (Signature) **5/16/96** (Date) **(813) 988-9493** (Phone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)