

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # H92971 (1)**

1. Corporation Name  
**SHARON MULVIE E.A., INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 10 AM 11:51**

Principal Place of Business: **7360 W. COPENHAGEN ST. DUNNELLON FL 34433 US**  
Mailing Address: **7360 W. COPENHAGEN ST. DUNNELLON FL 34433 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/06/1986** 3a. Date of Last Report: **04/14/1994**  
4. FEI Number: **59-2618348** Applied For:  Not Applicable:   
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, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
21: [ ] 22: Suite, Apt. #, etc. [ ] 23: City & State [ ] 24: Zip [ ] Country [ ]  
26: [ ] 27: Suite, Apt. #, etc. [ ] 28: City & State [ ] 29: Zip [ ] 30: Country [ ]

9. Name and Address of Current Registered Agent  
**MULVIE, SHARON  
7360 W. COPENHAGEN ST.  
DUNNELLON FL 34433**

10. Name and Address of New Registered Agent  
81 Name [ ]  
82 Street Address (P.O. Box Number is Not Acceptable) [ ]  
83 [ ]  
84 City [ ] 85 Zip Code **FL** [ ]

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date of appointment. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>DP</b>
NAME	<b>MULVIE, SHARON</b>
STREET ADDRESS	<b>7360 W. COPENHAGEN ST.</b>
CITY - ST - ZIP	<b>DUNELLON FL</b>
TITLE	<b>S</b>
NAME	<b>MULVIE, DAVID</b>
STREET ADDRESS	<b>7360 W. COPENHAGEN ST.</b>
CITY - ST - ZIP	<b>DUNELLON FL</b>
TITLE	<b>T</b>
NAME	<b>HASTINGS, MELINDA MULVIE</b>
STREET ADDRESS	<b>7360 W COPENHAGEN ST</b>
CITY - ST - ZIP	<b>DUNELLON FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 affidavit.

SIGNATURE: *Sharon S. Mulvie* 2/6/95 (904) 795-7908  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR