

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 112068 (2)

1. Corporation Name

MULLER HOLDING CO



Principal Place of Business

Mailing Address

% REBECCA G. DOANE, JONES, FOSTER, JOHNSTON
505 S. FLAGLER DR. SUITE 1100
WEST PALM BEACH FL 33401
US

JONES, FOSTER, JOHNSTON, & STUBBS, P.A.
505 S. FLAGLER DR. SUITE 11TH
WEST PALM BEACH FL 33401
US

3. Date Incorporated or Qualified
11/10/1926

3a. Date of Last Report
01/24/1995

2. Principal Place of Business

2a. Mailing Address

21 % Anthony L. Thebaut

26 Anthony L. Thebaut

Suite, Apt #, etc

Suite, Apt #, etc

22 12980 N. Shore Drive

27 12980 N. Shore Drive

City & State

City & State

23 Palm Beach Gardens, FL

28 Palm Beach Gardens, FL

Zip

Country

Zip

Country

24 33410

25 USA

29 33410

30 USA

4. FEI Number
11-1964242

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOANE, REBECCA
% JONES, FOSTER, JOHNSTON, & STUBBS
505 S. FLAGLER DRIVE SUITE 1100
WEST PALMS BEACH FL 33401

81 Name
Anthony L. Thebaut

82 Street Address (P.O. Box Number is Not Acceptable)
12980 N. Shore Drive

83

84 City
Palm Beach Gardens FL

85 Zip Code
33410

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

Anthony L. Thebaut

6/26/96

Signature, type or print name of officer, director, or authorized agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DA

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BOYLE, LINDA A
161 ELWA PLACE
WEST PALM BEACH FL 33405

☒ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
P/T/S/D
Anthony L. Thebaut
12980 N. Shore Drive
Palm Beach Gardens, FL 33410

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
DOANE REBECCA G.
505 S. FLAGLER DRIVE., SUITE 1100
WEST PALM BEACH FL 33401

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony L. Thebaut

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96 561-622-840x

Date

Daytime Phone

CR2E034 (3/96)