

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

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Linda B. Norton  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

55 MAY - 1 1995 36

REGISTRY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOCUMENT # **150282** (2)

1. Corporation Name  
**MULLINS, INC.**

Principal Place of Business: **3302 ENTERPRISE RD. FT PIERCE FL 34982-6553**  
Mailing Address: **3302 ENTERPRISE RD. FT PIERCE FL 34982-6553**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/04/1947** 3a. Date of Last Report: **04/25/1994**

4. FEI Number: **59-0564378** 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 § 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**MULLINS, DONALD E.  
3302 ENTERPRISE ROAD  
FORT PIERCE FL 34982**

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 1907.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>MULLINS, E S</b>
STREET ADDRESS	<b>3302 ENTERPRISE ROAD</b>
CITY, ST, ZIP	<b>FT PIERCE FL</b>
TITLE	<b>ST</b>
NAME	<b>MULLINS, SHARMAN</b>
STREET ADDRESS	<b>3302 ENTERPRISE ROAD</b>
CITY, ST, ZIP	<b>FT PIERCE FL</b>
TITLE	<b>PD</b>
NAME	<b>MULLINS, DONALD E</b>
STREET ADDRESS	<b>3302 ENTERPRISE ROAD</b>
CITY, ST, ZIP	<b>FT PIERCE 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

14 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15 NAME	
16 STREET ADDRESS	
17 CITY, ST, ZIP	
18 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19 NAME	
20 STREET ADDRESS	
21 CITY, ST, ZIP	
22 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23 NAME	
24 STREET ADDRESS	
25 CITY, ST, ZIP	
26 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27 NAME	
28 STREET ADDRESS	
29 CITY, ST, ZIP	
30 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 NAME	
32 STREET ADDRESS	
33 CITY, ST, ZIP	
34 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
35 NAME	
36 STREET ADDRESS	
37 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, (b)(1), Florida Statutes. I further certify that the information available 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. But I am an officer or director of the corporation or the necessary or proper empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**DONALD E. MULLINS**

4/28/95 407 4616147  
Date Signature #