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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

\$andra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 150282

(2)

MULLINS, INC. Principal Place of Business Mailing Address 3302 ENTERPRISE RD. 3302 ENTERPRISE RD. FT PIERCE FL 34982-6553 FT PIERCE FL 34982-6553 3a. Date of Last Report 3. Date Incorporated or Qualified 03/04/1947 04/25/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-0564378 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip This corporation has liability for intengible tax under s. 199.032, Žip Country Yes 🔲 No Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MULLINS, DONALD E. 3302 ENTERPRISE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) FORT PIERCE FL 34982 83 84 Zip Code City 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 reinstating) Signature, typied or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. **ÖFFICERS AND DIRECTORS** Change ñ DELETE 11 TITLE Addition THEF **MULLINS, E S** 12 NAME NAME 3302 ENTERPRISE ROAD 1.3 STREET ADDRESS STREET ADDRESS FT PIERCE FL 1 4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 21 TITLE TITLE MULLINS, SHARMAN 22 NAME NAMI 3302 ENTERPRISE ROAD 2.3 STREET ADDRESS STREET ADDRESS 34982 FT PIERCE FL 2 4 CITY-ST-ZIP CITY - S1 - ZIP Change Addition DELETE 3 1 TITLE THILE MULLINS, DONALD E NAME 3.2 NAME 3302 ENTERPRISE ROAD 3.3 STREET ADDRESS STREET ADDRESS 3498z_ FT PIERCE FL 3.4 CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CITY - ST - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREEL ADDRESS 6.4 CITY-ST-ZIP City-St-7P

14. I do horeby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 Hollicotation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 2 or Block 13 Indianged, or on an attachment with an address.

SIGNATURE

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 561 4616147

FILED

Apr 25 1997 8:00am

Secretary of State