

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 # 445198 (5)

1. Corporation Name

MULFORD & SONS, INC.



Principal Place of Business

3200 MULFORD RD., (MULBERRY, FL. 33860)
P.O. BOX 5641
LAKELAND FL 33807-2641

Mailing Address

3200 MULFORD RD., (MULBERRY, FL. 33860)
P.O. BOX 5641
LAKELAND FL 33807-2641

3. Date Incorporated or Qualified
02/04/1974

3a. Date of Last Report
05/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1509356

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

Zip

25

Country

29

Zip

30

Country

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

MULFORD, ANDREW B
6314 WOODHAVEN DR
LAKELAND FL 33811

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P MULFORD, ANDREW B
6314 WOODHAVEN DR
LAKELAND, FL 00000 ☐ DELETE

V MULFORD, JANICE L
6314 WOODHAVEN DR
LAKELAND, FL 00000 ☐ DELETE

TD MULFORD, WILLIAM D S
4433 SPRING LANE
LAKELAND, FL 00000 ☒ DELETE

PD MULFORD, W D, SR
4433 SPRING LANE
LAKELAND, FL 00000 ☒ DELETE

VD MULFORD, JANICE L
6314 WOODHAVEN DR.
LAKELAND FL ☒ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

S MULFORD, ANDREW B.
6314 WOODHAVEN DR
LAKELAND, FLA. 33811

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☒ Addition

T MULFORD, JANICE L.
6314 WOODHAVEN DR.
LAKELAND, FLA. 33811

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

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANDREW B. MULFORD PRESIDENT 4-30-96

Date

941-425-2824

Daytime Phone #

CR2E034 (12/95)