

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 PH 2:38

DOCUMENT # **446788** (2)

1. Corporation Name
THE MUSSON COMPANY

Principal Place of Business Mailing Address
413 QUAY ASSISI NEW SMYRNA BCH FL 32169 **413 QUAY ASSISI NEW SMYRNA BCH FL 32169**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/25/1974** 3a. Date of Last Report **04/08/1994**

4. FEI Number **59-1546867** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**MUSSON, GEORGE E
413 QUAY ASSISI
NEW SMYRNA BCH, FL
32169**

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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MUSSON, GEORGE E.
STREET ADDRESS	413 QUAY ASSISSI
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	TD
NAME	MUSSON, GEORGE E.
STREET ADDRESS	413 QUAY ASSISSI
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	SD
NAME	MUSSON, JUNE B.
STREET ADDRESS	413 QUAY ASSISSI
CITY - ST - ZIP	NEW SMYRNA BCH FL
TITLE	VD
NAME	MUSSON, JUNE B.
STREET ADDRESS	413 QUAY ASSISSI
CITY - ST - ZIP	NEW SMYRNA BCH FL
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MUSSON, JUNE B
1.3 STREET ADDRESS	SAME
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	George E. Musson
2.3 STREET ADDRESS	SAME
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 110.07(3)(a), Florida Statutes. I further certify that the information included 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 007, Florida Statutes; and that my name, appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: *June B. Musson* **1-23-95**
DATE