

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Feb 05, 1999 8:00am Secretary of State

02-05-1999 90015 039 ****150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 446788

1. Corporation Name THE MUSSON COMPANY

Principal Place of Business 442 BOUCHELLE DRIVE 305 NEW SMYNA BEACH FL 32169 US
Mailing Address 442 BOUCHELLE DRIVE 305 NEW SMYRNA BEACH FL 32169 US

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

3. Date Incorporated or Qualified 02/25/1974
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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
JUNE B. MUSSON
442 BOUCHELLE DRIVE
305
NEW SMYRNA BEACH 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS
TITLE P DELETED
NAME MUSSON, JUNE B
STREET ADDRESS 442 BOUCHELLE DRIVE, SUITE 305
CITY-ST-ZIP NEW SMYRNA BEACH FL
TITLE D DELETED
NAME MUSSON, GEORGE E.
STREET ADDRESS 413 QUAY ASSISSI
CITY-ST-ZIP NEW SMYRNA BCH FL
TITLE SD DELETED
NAME MUSSON, JUNE B.
STREET ADDRESS 442 BOUCHELLE DRIVE, SUITE 305
CITY-ST-ZIP NEW SMYRNA BEACH FL
TITLE VD DELETED
NAME MUSSON, JUNE B.
STREET ADDRESS 442 BOUCHELLE DRIVE, SUITE 305
CITY-ST-ZIP NEW SMYRNA BEACH FL
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETED
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP Change Addition
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP Change Addition
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP Change Addition
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP Change Addition
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP Change Addition
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby 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 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, with all other like empowered.

SIGNATURE: June B. Musson REB. MUSSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-99 (904) 428-4787
Date Daytime Phone #

CR2E034 (1/98)