

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathern
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 655165 (9)

1. Corporation Name

MULLET'S ALUMINUM PRODUCTS, INC.

Principal Place of Business

Mailing Address

**905 PONDOR AVENUE
P. O. BOX 7388
SARASOTA FL 34232
US**

**905 PONDOR AVENUE
P. O. BOX 7388
SARASOTA FL 34278-388
US**

**APPROVED
AND
FILED**

95 APR 24 AM 9:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		02/07/1980	05/01/1984
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1973161	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☒	
Zip		Country		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		25		☐	
29		30		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

**SYPULA, PHILIP J
766 HUDSON AVE
SUITE B
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MULLET, ROBERT A.	1.2 NAME	
STREET ADDRESS	4731 10TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA, FL 00000	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MULLET, FREEMAN	2.2 NAME	
STREET ADDRESS	7849 SADDLECREEK TRAIL	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	MULLET, SANDRA FAYE	3.2 NAME	
STREET ADDRESS	7849 SADDLECREEK TRAIL	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	TS	4.1 TITLE	☐ Change ☐ Addition
NAME	SHUE, JOLENE	4.2 NAME	
STREET ADDRESS	2546 RIVER RIDGE DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	SHEARER, DAVID	5.2 NAME	
STREET ADDRESS	19879 MIDWAY BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	PORT CHARLOTTE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jolene Shue Jolene Shue Treasurer 03/31/95 (813) 391-3502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number