

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 655165 (9)

1. Corporation Name

MULLET'S ALUMINUM PRODUCTS, INC.



Principal Place of Business

Mailing Address

905 PONDER AVENUE
P. O. BOX 7388
SARASOTA FL 34232
US

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

3. Date Incorporated or Qualified 02/07/1980
3a. Date of Last Report 04/24/1995

4. FEI Number 59-1973181
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
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME MULLET, ROBERT A.
STREET ADDRESS 4731 10TH STREET
CITY-ST-ZIP SARASOTA, FL 00000
TITLE PD ☐ DELETE
NAME MULLET, FREEMAN
STREET ADDRESS 7849 SADDLECREEK TRAIL
CITY-ST-ZIP SARASOTA FL
TITLE D ☐ DELETE
NAME MULLET, SANDRA FAYE
STREET ADDRESS 7849 SADDLECREEK TRAIL
CITY-ST-ZIP SARASOTA FL
TITLE TS ☐ DELETE
NAME SHUE, JOLENE
STREET ADDRESS 2546 RIVER RIDGE DR
CITY-ST-ZIP SARASOTA FL
TITLE V ☐ DELETE
NAME SHEARER, DAVID
STREET ADDRESS 19879 MIDWAY BLVD.
CITY-ST-ZIP PORT CHARLOTTE FL
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE TREASURER ☒ Change ☐ Addition
1.2 NAME JOLENE SHUE
1.3 STREET ADDRESS 2546 RIVER RIDGE DR.
1.4 CITY-ST-ZIP SARASOTA FL 3
2.1 TITLE SECRETARY ☐ Change ☒ Addition
2.2 NAME CHARLENE B. SHEARER
2.3 STREET ADDRESS 1316 FALLS OF VENICE CIR.
2.4 CITY-ST-ZIP VENICE FL
3.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
3.2 NAME LINDEN HOCHSTETLER
3.3 STREET ADDRESS 5445 POTTER ST.
3.4 CITY-ST-ZIP SARASOTA FL
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ 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 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

4-26-96

Date

941-391-3502

Daytime Phone #

CR2E034 (12/95)