

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **655165** (9)

1. Corporation Name
MULLET'S ALUMINUM PRODUCTS, INC.

Principal Place of Business 905 PONDER AVENUE P.O. BOX 7388 SARASOTA FL 34232 US	Mailing Address 905 PONDER AVE. SARASOTA FL 34232 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 905 Ponder Ave Suite, Apt. #, etc. 22 City & State 23 Sarasota FL Zip 24 34232-6632		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 34232-6632		3. Date Incorporated or Qualified 02/07/1980	
25		30		4. FEI Number 59-1973181	
25		30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLET, FREEMAN 905 PONDER AVE. SARASOTA FL 34232				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	S (DELETE)	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MULLET, ROBERT A.		1.2 NAME	SHEARER, CHARLENE			
STREET ADDRESS	4731 10TH STREET		1.3 STREET ADDRESS	3849 WOODMERE PARK BLVD.			
CITY-ST-ZIP	SARASOTA, FL 00000		1.4 CITY-ST-ZIP	VENICE FL 34293			
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	D	<input type="checkbox"/> DELETE	4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHUE, JOLENE		4.2 NAME	SHUE, JOLENE			
STREET ADDRESS	2546 RIVER RIDGE DR		4.3 STREET ADDRESS				
CITY-ST-ZIP	SARASOTA FL		4.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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	VP	<input type="checkbox"/> DELETE	6.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HOCHSTETLER, LINDEN		6.2 NAME	HOCHSTETLER, LINDEN			
STREET ADDRESS	5445 POTTER ST		6.3 STREET ADDRESS	1726 NELDA LN			
CITY-ST-ZIP	SARASOTA FL		6.4 CITY-ST-ZIP	SARASOTA FL 34232			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0505(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.

SIGNATURE _____ 4-30-98 0411-37-3572

CP2E034 (10/97)