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Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **749761** (3)

1. Corporation Name

RED MULE RUNNERS, INC.

Principal Place of Business	Mailing Address
900 US 98 NORTH P.O. BOX 1724 BROOKSVILLE FL 34605-8724	900 US 98 NORTH P.O. BOX 1724 BROOKSVILLE FL 34605-8724

3. Date Incorporated or Qualified: 11/13/1979

4. FEI Number: 59-2275260 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 201 olive St.	26 P.O. Box 1724
Suite, Apt. #, etc. 22 P.O. Box 1724	Suite, Apt. #, etc. 27
City & State 23 Brooksville, FL	City & State 28 Brooksville, FL
Zip / Country 24 34605 / 25 USA	Zip / Country 29 34605-1724 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROGERS, G. W 9851 DOMINGO DR. BROOKSVILLE FL 34601	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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHATMAN, ERNIE		1.2 NAME	
STREET ADDRESS	201 OLIVE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GRIGG, JOHN		2.2 NAME	
STREET ADDRESS	10401 PRESTON RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		2.4 CITY-ST-ZIP	
TITLE	DTS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MERRITT, JR. DANIEL		3.2 NAME	
STREET ADDRESS	101 S. MAIN STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Daniel B. Merritt Jr. DANIEL B. MERRITT, JR. 1-5-98 352-796-0795