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FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001458 (6)

1. Corporation Name

GEIER/MULES FINANCIAL MANAGEMENT, INC.

Principal Place of Business

5092 DORSEY HALL DR
SUITE 202
ELLCOTT CITY MD 21042
US

Mailing Address

5092 DORSEY HALL DR
SUITE 202
ELLCOTT CITY MD 21042
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1996

4. FEI Number

59-1950789

52-1950799

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 100 TECHNOLOGY PARK

Suite, Apt. #, etc.

22 SUITE 165

City & State

23 LAKE MARY, FL

Zip

24 32746

Country

25 USA

2a. Mailing Address

26 100 TECHNOLOGY PARK

Suite, Apt. #, etc.

27 SUITE 165

City & State

28 LAKE MARY, FL

Zip

29 32746

Country

30 USA

9. Name and Address of Current Registered Agent

GEIER, THOMAS M
255 S ORANGE AVE SUITE 701
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

100 TECHNOLOGY PARK

83 SUITE 165

City

LAKE MARY

FL

85 Zip Code

32746

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 print of name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS GEIER, THOMAS M
CITY-ST-ZIP 255 S ORANGE AVE SUITE 701
ORLANDO FL 32801

TITLE ☐ DELETE

NAME DV
STREET ADDRESS MULES, DANIEL W
CITY-ST-ZIP 5092 DORSEY HALL DR., SUITE 202
ELLCOTT CITY MD

TITLE ☐ DELETE

NAME DS
STREET ADDRESS GEIER, JOSEPH N
CITY-ST-ZIP 5092 DORSEY HALL DR., SUITE 202
ELLCOTT CITY MD

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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

100 TECHNOLOGY PARK, SUITE 165
LAKE MARY FL 32746

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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 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.

SIGNATURE

Sandra B. Northam

*100 Technology Park, Suite 165
Lake Mary, FL 32746*

CR2E034 (10/97)