

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # G14255**

**(5)**

1. Corporation Name

**VEDA-MULE, INC.**

**FILED**  
 95 AUG -3 AM 10:00  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business

**% D. TURNER MATTHEWS  
 519 13TH STREET WEST  
 BRADENTON FL 34205**

Mailing Address

**% D. TURNER MATTHEWS  
 519 13TH STREET WEST  
 BRADENTON FL 34205**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**12/21/1982**

3a. Date of Last Report

**03/16/1994**

4. FEI Number

**59-2248733**

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.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

28

Country

29

Zip

30

9. Name and Address of Current Registered Agent

**MULOCK, EDWIN T.  
 519 13TH STREET WEST  
 BRADENTON FL 34205**

10. Name and Address of New Registered Agent

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 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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DPV  
 MULOCK, EDWIN T  
 519 13TH ST WEST  
 BRADENTON, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DST  
 MATTHEWS, D TURNER  
 519 13TH ST WEST  
 BRADENTON, FL 00000**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), Florida Statutes. I further certify that the information included 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 of this report or on an attachment with an address.

**SIGNATURE:**

(Signature and typed or printed name of signing officer or director)

**7-26-95**

**941-7482104**