SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Jul 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS G36462 DOCUMENT # (1)J. J. MULLINS CONSTRUCTION COMPANY Principal Place of Business Mailing Address 210 E PALMETTO AVE 210 E PALMETTO AVE LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/29/1983 02/26/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 59-2302069 21 26 Not Applicable Suite, Apt. #, etc. Suite Apt #, etc. \$8.75 Additional X 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing П Added to Fees 23 28 Trust Fund Contribution Ζiρ Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 30 Personal Property Tax due June 30. 24 25 20 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STICHER, BARBARA 2987 S. ATLANTIC AVE Street Address (P.O. Box Number is Not Acceptable) **APT. 1005** DAYTONA BEACH FL 32118 83 84 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition Change TITLE 11 TITLE mullins, James J. NAME 1.2 NAME 1530 BOYER ST. STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CFTY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE SHIPP, DENNIS E. NAME 22 NAME 905 TIMERBLAND TRAIL STREET ADDRESS 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 31 TITLE MULLINS, BONNIE E. NAME 32 NAME 1530 BOYER ST. STREET ADDRESS 3.3 STREET ADDRESS LONGWOOD FL CITY-ST-ZW 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition MULLINS, EDITH NAME 4. 2 NAME 455 WINDSOR DR STREET ADDRESS 4.3 STREET ADDRESS PORT ORANGE FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE DOYEL R. EDWARDS NAME 5.2 NAME 23 S. SHELL KOAD STREET ADDRESS 5.3 STREET ADDRESS BEBARY, FL CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition B 1 TITLE TITLE NAME 62 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do 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.

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