

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.)

FILED

Sep 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G94730

(0)

1. Corporation Name

MULTICAL DECAL CORPORATION

Principal Place of Business

304 SOUTH MAGNOLIA AVENUE
OCALA FL 34474
US

Mailing Address

304 SOUTH MAGNOLIA AVENUE
OCALA FL 34474
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/05/1984

3a. Date of Last Report

04/30/1996

4. FEI Number

59-2412724

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

☒ Yes ☐ No

2. Principal Place of Business

21 530 NE 45TH TERRACE

Suite, Apt. #, etc.

22 City & State

OCALA FL

Zip

23 34470-1496

Country

25 US

2a. Mailing Address

26 P.O. BOX 1808

Suite, Apt. #, etc.

27 City & State

OCALA FL

Zip

29 34478-1808

Country

30 US

9. Name and Address of Current Registered Agent

HUME, DAVID G.
304 SOUTH MAGNOLIA AVENUE
OCALA FL 32871

10. Name and Address of New Registered Agent

81 Name

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

530 NE 45TH TERRACE

83

84 City

OCALA

FL

85 Zip Code

34470-1496

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME HUME, DAVID G.
STREET ADDRESS 304 SOUTH MAGNOLIA AVE.
CITY-ST-ZIP Ocala FL

TITLE VTD ☐ DELETE

NAME HUME, MAXINE
STREET ADDRESS 304 SOUTH MAGNOLIA AVE.
CITY-ST-ZIP Ocala FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

530 NE 45TH TERRACE

1.4 CITY-ST-ZIP

OCALA FL 34470-1496

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

530 NE 45TH TERRACE

2.4 CITY-ST-ZIP

OCALA FL 34470-1496

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE [Signature] 01/2/97 30470-1496

CR2E034 (4/97)