

4-20-95 18-3964 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 APR 20 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # JO9024 (7)

1. Corporation Name

T.A. MCMULLEN CONSULTANTS, INC.

Principal Place of Business

**THOMAS A. MCMULLEN, 274 AQUARINA BLVD.
P.O. BOX 510400
MELBOURNE BEACH FL 32951**

Mailing Address

**THOMAS A. MCMULLEN, 274 AQUARINA BLVD.
P.O. BOX 510400
MELBOURNE BEACH FL 32951**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/14/1986

3a. Date of Last Report

06/01/1994

4. FEI Number

59-2669543

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.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

**MCMULLEN, THOMAS A.
274 AQUARINA BLVD.
MELBOURNE BEACH FL 32951**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
C	MCMULLAN, THOMAS A	274 AQUARINA BLVD	MELBOURNE BEACH FL
P	GEIST, ARDEN A	2600 RIVERSIDE	INDIALANTIC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP

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 119.07(3)(b), 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 person or persons 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 AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

16 APRIL 95

407-768-0557

DATE

Telephone