

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90004 050 ***150.00

DOCUMENT # **J17155**

1. Corporation Name

FT. WALTON FENCE, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/01/1986

2. Principal Place of Business

**1001 N BEAL PARKWAY
FT. WALTON BEACH FL 32547
US**

2a. Mailing Address

**1001 N BEAL PARKWAY
FT. WALTON BEACH FL 32547
US**

4. FEI Number

59-2662348

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**MULLINS, WALTER J.
320 SCHNEIDER DR.
FT. WALTON BEACH FL 32548**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MULLINS, WALTER J.
320 SCHNEIDER DR.
FT. WALTON BCH FL** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
MULLINS, MARY L.
320 SCHNEIDER DR.
FT. WALTON BCH FL** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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
**STD
KERRY M. MULLINS
235 MARSHALL
FT. WALTON BCH FL 32548** ☒ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
**Vice President
JACKIE C. MULLINS
21 FERRY RD.
FT WALTON BCH FL 32548** ☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/6/99

Date

850-862-2127

Daytime Phone #

CR2E034 (5/99)



S87722-90004-SC

J17155

1000 N. BEAL PARKWAY • FT. WALTON BEACH, FL 32547
(904) 862-2127 • FAX (904) 863-3362

7/7/99

DEAR SIRs:

THIS NOTE IS TO INFORM YOU THAT I
NEVER RECEIVED A 1ST NOTICE OF MY
ANNUAL REPORT

PLEASE CHECK YOUR RECORDS I BELIEVE
YOU WILL FIND I NEVER FAILED TO RETURN
A REPORT SINCE 1986

THANKS FOR YOUR CONSIDERATION
W. Muller
Pres.

• FENCE •

Chain-Link • Wood Privacy • Vinyl Coated
• Residential • Commercial •

• ALUMINUM •

Patio Covers • Carports • Awnings • Screened Enclosures
• Architectural Design & Build •