

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J19028 (6)

1. Corporation Name

MUELLER CONTRACTORS, INC.



Principal Place of Business

% JAMES MUELLER
8150 NW 90TH ST
MEDLEY FL 33166
US

Mailing Address

% JAMES MUELLER
7921 NW S RIVER DR #326
MEDLEY FL 33166-2515
US

3. Date Incorporated or Qualified
06/09/1986

3a. Date of Last Report
01/20/1995

2. Principal Place of Business

2a. Mailing Address

21 7921 N.W. South River Dr

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 324

27 Suite, Apt. #, etc.

City & State

23 MEDLEY

City & State

Zip

24 33166

Country

25 DABE

Zip

29 30

Country

4. FEI Number

59-2689311

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, JAMES
7381 SW 6 CT
PLANTATION FL 33317

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 PD
NAME MUELLER, JAMES
STREET ADDRESS 8150 NW 90TH ST
CITY-ST-ZIP MEDLEY FL
VP ☐ DELETE

TITLE VP
NAME KRUPINSKI, JOSEPH
STREET ADDRESS 8150 NW 90TH ST
CITY-ST-ZIP MEDLEY FL
VP ☒ DELETE

TITLE VP
NAME SELDEN, RANDOLPH
STREET ADDRESS 8150 NW 90TH ST
CITY-ST-ZIP MEDLEY FL 33166
VP ☒ DELETE

TITLE S
NAME WALKER, KAY
STREET ADDRESS 2211 NOVA VILLAGE DR.
CITY-ST-ZIP DABE FL 33317
VP ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE V.P.
NAME GREGORY J. Mueller
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME S
4.3 STREET ADDRESS JEAN M Muellec
4.4 CITY-ST-ZIP 7381 SW 6 CT
PLANTATION, FL 33317

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME T
5.3 STREET ADDRESS PEGGY HOWARD
5.4 CITY-ST-ZIP 7051 SW 28th ST.
MIRAMAR FL 33023

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME V.P.
6.3 STREET ADDRESS GREGORY J. Mueller
6.4 CITY-ST-ZIP 7381 SW 6 CT.
PLANTATION, FL 33317

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)(k), 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:

James H. Mueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96

305-885-4107

Date

Daytime Phone #

CR2E034 (12/95)