


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90110 022 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J19760					
1. Corporation Name DONNA M. MULLING, INC.					
Principal Place of Business 6025 22ND AVE. SW NAPLES FL 34116 US			Mailing Address 6025 22ND AVE. SW NAPLES FL 34116 US		
2. Principal Place of Business 21 1044 CASTELLO DR		2a. Mailing Address 26 1044 CASTELLO DR		3. Date Incorporated or Qualified 06/13/1986	
Suite, Apt. #, etc. 22 STE 106		Suite, Apt. #, etc. 27 STE 106		4. FEI Number 59-2682617	
City & State 23 NAPLES FL		City & State 28 NAPLES FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 34103		Zip 29 34103		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 COLLIER		Country 30 COLLIER		8. This corporation owes the current year Intangible Personal Property Tax <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MULLIN, DONNA M. 6025 22ND AVE. SW. NAPLES FL 34116			10. Name and Address of New Registered Agent		
			81. Name 82 N-REX ASHLEY		
			Street Address (Post Office Box Number is Acceptable) 1044 CASTELLO DR		
			83. City STE 106		
			84. City NAPLES		
			85. State FL		
			86. Zip 34103		
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 <i>N Rex Ashley</i> DATE 3/2/99					
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1. TITLE <input type="checkbox"/> DELETE					
2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3. STREET ADDRESS					
4. CITY-ST-ZIP					
5. TITLE <input type="checkbox"/> DELETE					
6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
7. STREET ADDRESS					
8. CITY-ST-ZIP					
9. TITLE <input type="checkbox"/> DELETE					
10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
11. STREET ADDRESS					
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13. TITLE <input type="checkbox"/> DELETE					
14. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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58. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
59. STREET ADDRESS					
60. CITY-ST-ZIP					
61. TITLE <input type="checkbox"/> DELETE					
62. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition					
63. STREET ADDRESS					
64. CITY-ST-ZIP					

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, with all other like empowered.

SIGNATURE: *Donna M. Mulling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-99 *941* *353-2619*

CR2E034 (11/98)