

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 # J28632 (4)

1. Corporation Name

MUCKENFUSS INCORPORATED



Principal Place of Business

Mailing Address

% JACOB W. MUCKENFUSS
702 CENTRE STREET
FERNANDINA BEACH FL 32034

% JACOB W. MUCKENFUSS
702 CENTRE STREET
FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified

08/13/1986

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUCKENFUSS, JACOB W., JR.
702 CENTRE STREET
FERNANDINA BEACH FL 32034

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 types or printed name of registered agent and file number

(If not, Registered Agent signature required when filing)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

PD
MUCKENFUSS, JACOB W., JR.
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

D
MUCKENFUSS, JENNIE U.
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

V
MUCKENFUSS, MICHAEL W
702 CENTRE STREET
FERNANDINA BEACH FL

☐ DELETE

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY- ST- ZIP

☐ Change ☐ Addition

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:

Jacob W. Muckenfuss Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jacob W. Muckenfuss Jr.

2-29-96

984-261-6956

Date

Daytime Phone

CR2E034 (12/95)