

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 # **K49625** (2)

1. Corporation Name
SELDOON CORPORATION



Principal Place of Business

% JOHN O MUELLER
2695 TREASURE LANE
NAPLES FL 33940

Mailing Address

% JOHN O MUELLER
2695 TREASURE LANE
NAPLES FL 33940

3. Date Incorporated or Qualified **12/01/1988** 3a. Date of Last Report **10/12/1995**

2. Principal Place of Business

21 **2950 9th St. N.**

2a. Mailing Address

26 **same**

4. FEI Number

65-0088277

Applied For

Not Applicable

State, Apt. #, etc.

22 **Naples FL**

Suite, Apt. #, etc.

27

City & State

23 **Naples FL**

City & State

28

Zip

24 **33940**

Country

25 **Collier**

Zip

29

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUELLER, JOHN P.
2695 TREASURE LANE
NAPLES FL 33940

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

John P Mueller, Reg. Agent

2/28/96

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **MUELLER, JOHN P.**
STREET ADDRESS **2695 TREASURE LANE**
CITY - ST - ZIP **NAPLES FL**

TITLE **SVD** ☐ DELETE

NAME **MUELLER, BARBARA B.**
STREET ADDRESS **2695 TREASURE LANE**
CITY - ST - ZIP **NAPLES FL**

TITLE **AVP** ☐ DELETE

NAME **REINA, LEONARD P.**
STREET ADDRESS **534 3RD AVENUE SOUTH**
CITY - ST - ZIP **NAPLES FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(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:

Barbara B Mueller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96 941-262-7117

Date

Daytime Phone #

CR2E034 (12/95)