FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 28 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L33443** **(7)**

1. Corporation Name
MULLETS ALUMINUM PRODUCTS OF CHARLOTTE COUNTY, I NC.

Principal Place of Business	Mailing Address
% DAVID SHEARER 17303 ABBOTT AVE. P.O. BOX 746 MURDOCK FL 33938-7746	% DAVID SHEARER 17303 ABBOTT AVE. P.O. BOX 746 MURDOCK FL 33938-7746

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/30/1989**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business	2a. Mailing Address
21 17303 ABBOTT AVE. PO 310746	26 17303 ABBOTT AVE. P.O. 310746
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MURDOCK, FLORIDA	City & State 28 MURDOCK, FLORIDA
Zip 24 33938-0746 Country 25 U.S.A.	Zip 29 33938-0746 Country 30 U.S.A.

4. FEI Number: **65-0160306** ☐ 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 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
SHEARER, DAVID **17303 ABBOTT AVE.** **PT CHARLOTTE FL 33954**	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 _____ DATE
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	
TITLE	VT	11 TITLE	☐ Change ☐ Addition
NAME	MULLET, FREEMAN	12 NAME	
STREET ADDRESS	7849 SADDLE CREEK TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	SHEARER, DAVID	22 NAME	
STREET ADDRESS	19879 MEDWAY BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTT FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	SHEARER, CHARLENE	32 NAME	
STREET ADDRESS	19879 MIDWAY BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: C. Shearer C. SHEARER 4-24-95 813-743-7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0461784 FF