

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L82119** (3)

1. Corporation Name

MULLINS REFRIGERATION AND A/C, INC.



Principal Place of Business

Mailing Address

**6896 W. GROVER CLEVELAND BLVD.
HOMOSASSA SPGS. FL 34446
US**

**6896 W. GROVER CLEVELAND BLVD.
HOMOSASSA SPGS. FL 34446
US**

3. Date Incorporated or Qualified
06/21/1990

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21 6896 W. Grover Cleveland Blvd. (SAME)

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

23 Homosassa, FL

28 Homosassa, FL

Zip

Country

25 Citrus

Zip

Country

30 Citrus

4. FEI Number

59-3017102

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

**MULLINS, MARLENE M.
10331 WEST TWIN RIVER LN.
HOMOSASSA FL 32646**

new zip 34448

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code
34448

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 the corporation

(If the Registered Agent Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DTS
MULLINS, MARLENE M.
10331 WEST TWIN RIVERS
HOMOSASSA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DP
MULLINS, ERNIE LEE
10331 WEST TWIN RIVERS
HOMOSASSA FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVP
COLLINS, RONALD R.
335 I THREE LAKES DR
VENICE FL**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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: *Marlene M. Mullins* **Marlene M. Mullins** **5/21/96** **352-628-7988**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)