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 # L97142 (8)

1. Corporation Name
V. B. MUSSELMAN'S, INC.

Principal Place of Business
P.O. BOX 1440
~~P O BOX 43263~~
MIDDLEBURG FL 32050
US

Mailing Address
P.O. BOX 1440
~~P O BOX 43263~~
MIDDLEBURG FL 32050
US

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 01/25/1995
4. FEI Number: 59-3031150 ☐ 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

2. Principal Place of Business
21 3811 Univ. Blvd. #2
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, FL
Zip
24 32217
Country
25 USA

2a. Mailing Address
26 P.O. Box 1440
Suite, Apt. #, etc.
27
City & State
28 Middleburg, FL
Zip
29 32050
Country
30 USA

9. **Name and Address of Current Registered Agent**

MUSSELMAN, VALERIE J.
1041 COACHMAN'S PL.
MIDDLEBURG FL 32068

10. **Name and Address of New Registered Agent**

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, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D President	☐ DELETE
NAME	MUSSELMAN, VALERIE J.	
STREET ADDRESS	1041 COACHMAN'S PLACE	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	Vice President	☐ DELETE
NAME	Thomas J. Edwards	
STREET ADDRESS	433 Arthur Moore Drive	
CITY-ST-ZIP	Green Cove Springs FL 32043	
TITLE	Sec/Treas.	☐ DELETE
NAME	Joan H. Edwards	
STREET ADDRESS	642 Simmons Trail	
CITY-ST-ZIP	Green Cove Springs FL 32043	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
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		

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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: Valerie J Musselman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #