

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # M29686

1. Entity Name

THE MULLINS COLLINS NO. 200 CORPORATION



Principal Place of Business

% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG, FL 33711

Mailing Address

% BRADLEY C. MULLINS
6800 34TH STREET SO.
ST PETERSBURG, FL 33711



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2661366

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MULLINS, BRADLEY C
6800 SUNSHINE SKYWAY LANE
ST PETERSBURG, FL 33711

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000741089
05/15/07-80015-005 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME MULLINS, JEROME J.
STREET ADDRESS 401 N CARROLL ST.
CITY-ST-ZIP MADISON WI,

TITLE DP
NAME MULLINS, CAROL
STREET ADDRESS 401 N CARROLL ST.
CITY-ST-ZIP MADISON WI,

TITLE VP
NAME MULLINS, JEROME J
STREET ADDRESS 401 N CARROLL ST
CITY-ST-ZIP MADISON, WI 53703

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carol M. Mullins

Carol M. Mullins

4/27/07

608-257-0681

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #