

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
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95 APR 18 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N02075 (2)
1. Corporation Name
MULLALLY MANOR, INC.

Principal Place of Business
c/o Casa San Pablo
401 N. Ridgewood Avenue
Daytona Beach, FL 32114

Mailing Address
c/o Edgar M. Dunn, Jr.
347 S. Ridgewood Avenue
P. O. Drawer 2600
Daytona Beach, FL 32115-2600

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1984
3a. Date of Last Report 08/10/1994

4. FEI Number 59-2410785
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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DUNN, EDGAR M. JR.
347 S. Ridgewood Avenue
P. O. Drawer 2600
Daytona Beach, FL 32115-1600

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	Kelly, Joan
STREET ADDRESS	512 Pelican Bay Dr.
CITY-ST-ZIP	Daytona Beach, FL
TITLE	VD
NAME	Roane, Curtis
STREET ADDRESS	1726 Ridge Avenue
CITY-ST-ZIP	Holly Hill, FL
TITLE	D
NAME	McGrath, Stephen
STREET ADDRESS	1312 Ruthbern Road
CITY-ST-ZIP	Daytona Beach, FL
TITLE	DS
NAME	Cleland, Patricia R
STREET ADDRESS	807 Cordova Avenue
CITY-ST-ZIP	Ormond Beach, FL
TITLE	TD
NAME	Webster, Robert R
STREET ADDRESS	P.O. Box 646 N/A
CITY-ST-ZIP	Daytona Beach, FL
TITLE	D
NAME	White, Iatie
STREET ADDRESS	169 Gull Circle North
CITY-ST-ZIP	Daytona Beach, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	400001460234
2.1 TITLE	-04719795--01054.mpg 018 Addition
2.2 NAME	*****61.25 *****61.25
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: Joan Kelly 9/9/95 239-5057
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR (Date) (Filing Fee #)