


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N93000004720 (9)**

1. Corporation Name

M.U.G., INC.

Principal Place of Business

**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

Mailing Address

**3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

3. Date Incorporated or Qualified

10/12/1993

4. FEI Number

59-3205967

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BROWN, JONI
3220 VAIL VIEW DRIVE
DAYTONA BEACH FL 32124**

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

NAME **BROWN, JONI**
STREET ADDRESS **3220 VAIL VIEW DR**
CITY-ST-ZIP **DAYTONA BCH FL**

CD ☒ DELETE

NAME **HAWKINS, BRUCE**
STREET ADDRESS **623 EASTGATE WALK**
CITY-ST-ZIP **WATERLOO ON**

S ☐ DELETE

NAME **HOY, SANDY**
STREET ADDRESS **121 W OTTAWA ST**
CITY-ST-ZIP **OAK HARBOR OH**

V ☐ DELETE

NAME **JOHNSON, EDWARD**
STREET ADDRESS **7650 RAGLAN DR NE**
CITY-ST-ZIP **WARRAN OH**

DP ☐ DELETE

NAME **GAZETTE, MARK**
STREET ADDRESS **28640 MANNING ROAD**
CITY-ST-ZIP **PUEBLO CO**

D ☐ DELETE

NAME **ENGEL, DONNA K**
STREET ADDRESS **1516 ROAD 64**
CITY-ST-ZIP **PASCO WA**

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

14. I hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JONI BROWN

1/30/98

904-226-6507

CR2E037 (10/97)