

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
GARY H. MURPHY  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 21 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000024178 (4)**

1. Corporation Name

**JAMES J MUCHOVEJ & ASSOCIATES, INC.**

Principal Place of Business

RT. 4 BOX 4473  
MONTICELLO FL 32344-9320

Mailing Address

POST OFFICE BOX 25  
LLOYD FL 32337  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report

03/31/1993

07/13/1994

4. FEI Number

59-3175137

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$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

Suite, Apt. #, etc.

2a. Mailing Address

25

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUCHOVEJ, JAMES J DR  
RT. 4 BOX 4473  
MONTICELLO FL 32344-9320

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                    |
|-----------------|--------------------|
| TITLE           | CPCT               |
| NAME            | MUCHOVEJ, JAMES J. |
| STREET ADDRESS  | ROUTE R. BOX 4473  |
| CITY - ST - ZIP | MONTICELLO FL      |
| TITLE           | VPD                |
| NAME            | MUCHA, DAVID       |
| STREET ADDRESS  | 7526 WYNDAM ROAD   |
| CITY - ST - ZIP | PENNSAUKEN NJ      |
| TITLE           | D                  |
| NAME            | MUCHOVEJ, ANGELA   |
| STREET ADDRESS  | ROUTE 4, BOX 4473  |
| CITY - ST - ZIP | MONTICELLO FL      |
| TITLE           | S                  |
| NAME            | MUCHOVEJ, SARAH    |
| STREET ADDRESS  | RT 4 BOX 4473      |
| CITY - ST - ZIP | MONTICELLO FL      |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |
| TITLE           |                    |
| NAME            |                    |
| STREET ADDRESS  |                    |
| CITY - ST - ZIP |                    |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                                                                   |
| 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 110.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES JOHN MUCHOVEJ

1/30/95

24-99-2300