FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P93000030636 (3)

MUD-MASTERS INTERIOR CONTRACTING, INC.

Principa!	Place	of	Busine	SS

Mailing Address

FILED Apr 29 1997 8:00am Secretary of State



5456 SW 97TH ST. OCALA FL 34474 US		5456 SW 37TH ST. OCALA FL 34474-9442 US			3. Date Incorporated or Qualified		ate of Last	
					04/20/1993	08/	19/1996	}
		2a. Mailing Address			4, FEI Number	Applied For		
	6 SW 37th St. 26 5456 SW 37th St.		<u>St.</u>	59-3178999	Not Applicable			
Sulte, Apt. #, etc.		Suite, Apt. #, etc. 27		120/1001	5. Certificate of Status Desired	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		
City & State 23 Ocala	<u>J.l.</u>	City & State 26 Ocala F	1		Election Campaign Financing Trust Fund Contribution			
Zip 24 34474	Country 25 USA		Coun	try S.A	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			s. 199.032,
	and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Re-	gistered	Agent	
KELLEY, TONY 6575 NW 50TH OCALA FL 344	I AVE		£	Name he street Add 457.5	ress (P.D. Box Number is Not Acceptable NW 50 Are.	le)	85 Zy	o Code
11. Pursuant to the provisioffice or registered agagent. I am familiar w	en et e	lley		ove-named corp by the corpora les.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose o	f changing pointment a	its registered as registered
Signature, typi d				Ngent signature requi	red when reinstating)	DATE		
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO Change	
NAME KELLEY	TONY F	LJ IALLA	1.1 IIIL 12 NAM				L.J CHAIGE	ווטוווטוא וייז
	37TH ST.			ET ADDRESS				
CITY-ST-ZIP OCALA F			1	'-SI-7IP				
TITLE	<u> </u>	DELETE	21 TITL				Change	Addition
NAME			2.2 NAN					
STREET ADDRESS			2.3 STR	E1 ADDRESS				
CITY-ST-ZIP			2.4 011	r - \$1 - ZIP				
TITLE		DELETE	3.1 1(1)	F T			Change	Addition
NAME			3.2 NAM			"35		
STREET ADDRESS				ET ADDRESS				
CITY-SY-ZIP		T burze		7-S1-7IP				. Lar
TITLE		☐ DELETE	41 101				Change	e [] Addition
NAME expect appared			4. 2 NA					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	4.4 CHY 5.1 THL	- ST - ZIP			Change	Addition
NAME			5.1 IAL				onangr	
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CITY-ST-ZIP				'-S1-ZIP				
TITLE		DELETE	G.1 TITE				☐ Change	Addition
NAME			6.2 NAM	i				
STREET ADDRESS			1	EF1 ADDRESS				
CITY-ST-ZIP				·S1-ZIP				

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 17 if changed, or on an attachment with an address.

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