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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000065647 (8)**

1. Corporation Name
MUMCO, INC.

Principal Place of Business	Mailing Address
700 W RIVEROAK DR ORMOND BEACH FL 32174	P.O. BOX 2766 ORMOND BEACH FL 32175-2766 US

3. Date Incorporated or Qualified: 09/21/1993
3a. Date of Last Report: 05/23/1996

2. Principal Place of Business
21 HANGAR WAY
22 Suite, Apt. #, etc. ORMOND BEACH AIRPORT
23 City & State ORMOND BEACH FL
24 Zip 32174 25 Country USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3201764 ☐ 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

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

9. Name and Address of Current Registered Agent
TOMLINSON, KATHLEEN M
700 W RIVEROAK DR
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 1860 OLD TOMOKA RD.W.
83
84 City ORMOND BEACH FL 85 Zip Code 32174

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 reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	TOMLINSON, NEAL R		1.2 NAME		
STREET ADDRESS	700 W RIVEROAK DR		1.3 STREET ADDRESS	1860 OLD TOMOKA RD.W.	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	32174	
TITLE	S	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	TOMLINSON, KATHLEEN M		2.2 NAME		
STREET ADDRESS	700 W RIVEROAK DR		2.3 STREET ADDRESS	1860 OLD TOMOKA RD.W.	
CITY-ST-ZIP	ORMOND BEACH FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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 13 if changed, or on an attachment with an address.

SIGNATURE: Kathleen M. Tomlinson SEC/TREAS 4-30-97 (904) 676-0312