

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **P93000084974 (3)**

1. Corporation Name  
**MULLINS & ASSOCIATES, INC.**

Principal Place of Business  
**786 N. BEAL OFFICE PARK  
UNIT 2-A  
FT. WALTON BEACH FL 32547**

Mailing Address  
**786 N. BEAL OFFICE PARK  
UNIT 2-A  
FT. WALTON BEACH FL 32547**

FILED  
Apr 29 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/07/1993**

4. FEI Number  
**59-3213804**

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

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

9. Name and Address of Current Registered Agent

**MULLINS, DEBORAH J  
786 N. BEAL PKWY, SUITE 2A  
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

**April 21 1998**

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE  
NAME **MULLINS, DEBORAH J**  
STREET ADDRESS **786 N. BEAL PKWY, SUITE 2A**  
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **V** ☐ DELETE  
NAME **HOFFMAN, LARRY D**  
STREET ADDRESS **1195 SIOUX CIRCLE**  
CITY-ST-ZIP **CRESTVIEW FL**

TITLE **V** ☐ DELETE  
NAME **POPMA, REBECCA M**  
STREET ADDRESS **786 N. BEAL PKWY, SUITE 2A**  
CITY-ST-ZIP **FT. WALTON BEACH FL**

TITLE **DIANE BARBARESI KELLER** ☐ DELETE  
NAME **910 CLOVERDALE CT**  
STREET ADDRESS **FT. WALTON BEACH, FL 32547**  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **P** ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **1517 W. MARIAH WAY**  
2.4 CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **V** ☐ 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 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]*

**April 21 1998**

CR2E034 (1097)