**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000086219 (1)**

1. Corporation Name
**MULLEN & ASSOCIATES OF FLAGLER, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 4475 U.S. HIGHWAY ONE<br>PALM COAST FL 32137 | 1500 LAMBERT AVE.<br>FLGLER BCH. FL 32136<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1993**
3a. Date of Last Report: **06/06/1994**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 1 Enterprise Drive | 26 1 Enterprise Drive |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Bunnell, FL | 28 City & State: Bunnell, FL |
| 24 Zip: 32110 25 Country: Flagler | 29 Zip: 32110 30 Country: Flagler |

4. FEI Number: **APPLIED FOR 59-3243678** ☐ 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 § 199.032, Florida Statutes ☒ Yes ☐ No

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MULLEN, JOHN<br>1500 LAMBERT AVE.<br>FLGLER BCH. FL 32136 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | MULLEN, MICHAEL | 12 NAME | |
| STREET ADDRESS | 1500 LAMBERT AVENUE | 13 STREET ADDRESS | |
| CITY-ST-ZIP | FLGLER BEACH FL 32136 | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | MULLEN, EDWARD | 22 NAME | |
| STREET ADDRESS | 1305 TOWN HARBOR LANE | 23 STREET ADDRESS | |
| CITY-ST-ZIP | SOUTHHOLD NY 11971 | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | D ☐ Change ☐ Addition |
| NAME | MULLEN, JOHN | 32 NAME | Mullen, John |
| STREET ADDRESS | 2100 S. FLAGLER AVENUE | 33 STREET ADDRESS | 29 Collington Ct. |
| CITY-ST-ZIP | FLGLER BEACH FL 32136 | 34 CITY-ST-ZIP | Palm Coast, FL 32137 |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is complete, and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 added to the report.

**SIGNATURE:** _____ 4/25/95 (904) 445-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018874 CP