

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P94000000973 (5)**

1. Corporation Name

**MUELLER DISTRIBUTION CONTRACTORS, INC.**

Principal Place of Business

**7381 S.W. 6TH COURT  
PLANTATION FL 33317**

Mailing Address

**7381 S.W. 6TH COURT  
PLANTATION FL 33317**



2. Principal Place of Business

21 **7921 N.W. SOUTH RIVER DR**

2a. Mailing Address

27 **7921 NW SOUTH RIVER DR**

22 **SUITE 326**

27 **Suite 326**

City & State

23 **MEDLEY, FL**

City & State

28 **MEDLEY FL**

Zip

24 **33166**

Country

25 **DADE**

Zip

29 **33166**

Country

30 **DADE**

3. Date Incorporated or Qualified

**01/05/1994**

3a. Date of Last Report

**01/20/1995**

4. FEI Number

**65-0525745**

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

**MUELLER, JAMES H  
7381 S.W. 6TH COURT  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**7921 NW SOUTH RIVER DR.**

83

**SUITE 326**

84 City

**MEDLEY**

**FL**

85 Zip Code

**33166**

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

TITLE ☐ DELETE

NAME **P**  
**MUELLER, JAMES H**  
STREET ADDRESS **7381 SW 6TH COURT**  
CITY - ST - ZIP **PLANTATION FL 33317**

TITLE ☒ DELETE

NAME **S**  
**WALKER, KAY**  
STREET ADDRESS **2211 NOVA VILLAGE DRIVE**  
CITY - ST - ZIP **DAVE FL 33317**

TITLE ☐ DELETE

NAME **VP**  
**KRUPINSKI, JOSEPH**  
STREET ADDRESS **8895 WEST SUNRISE BLVD**  
CITY - ST - ZIP **PLANTATION FL 33322**

TITLE ☒ DELETE

NAME **VP**  
**SELDEN, RANDOLPH B.**  
STREET ADDRESS **658 LUNA COURT**  
CITY - ST - ZIP **JACKSONVILLE FL 32205**

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

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 119.07(3)(k), 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

**4-25-96**

**305-885-4107**

Date

Daytime Phone #

CR2E034 (12/95)