PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400031763

Mailing Address 1020 HOBSON ST

LONGWOOD FL 32750

1. Corporation Name

Principal Place of Business

1020 HORSON ST

MUSSELWHITE INSTALLATIONS, INC.

LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/22/1994 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3234382 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt, #, etc. \Box 5. Certifcate of Status Desired -Fee Required -27 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing \Box Added to Fees Trust Fund Contribution 28 23 Zip Country This corporation owes the current year Intangible Zip Country □No 30 Personal Property Tax 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MUSSELWHITE, GARY E Street Address (P.O. Box Number is Not Acceptable) 82 1020 HOBSON ST LONGWOOD FL 32750 83 84 Zip Code City 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 (NOTE: Registered Agent signature requ Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change Addition TITLE □ DELETE 1.1 TITLE MUSSELWHITE, GARY 1.2 NAME NAME 2357 COURTLAND BLVD 1.3 STREET ADDRESS STREET ADDRESS **DELTONA FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change DELETE 2.1 TITLE TITLE PARKS, JEAN N 2.2 NAME NAME 918 S APOPKA BLVD 2.3 STREET ADDRESS STREET ADDRESS APOPKA-FL-2:4 CITY: ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered. 8-20-99

FILED

Aug 26, 1999 8:00 am Secretary of State

08-26-1999 90003 008 ***150.00

CR2E034 (11/98)

P94000031763 609633-90003-8

MUSSELWHITE INTALLATIONS, INC.

1020 Hobson St. Longwood, FL 32750 August 20, 1999

To Whom It May Concern:

The reason I am sending this first notice report rather than the second, is because I had a problem with my tax preparer and acting secretary earlier in the year.

In February, she entered a nursing home and most of my papers were temporarily misplaced while I was trying to transfer them to another tax preparer. By the time I realized that this paper was due, the second notice had arrived.

I called your office to explain my position and was told that I should send the first notice, along with a letter of explanation. I was also told that the office would consider my situation once my letter arrived and get back with me if need be.

Thanks for your time.

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