

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000039404 (6)

1. Corporation Name

PULLEN ENTERPRISES, INC.



Principal Place of Business

ELM TREE LODGE
NEW PORT RICHEY FL 34053
US

Mailing Address

5421 ILLINOIS AVE.
NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified
05/23/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 ELM TREE LODGE

26

4. FEI Number

59-3245714

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 6205 VIOLA LANE

27

23 City & State

28 City & State

23 NEW PORT RICHEY FL

28

24 Zip

25 Country

29 Zip

30 Country

24 34653

25 PASCO

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PULLEN, MARK
5421 ILLINOIS AVE.
NEW PORT RICHEY FL 34652

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the registered agent and of the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

2-22-96

12. OFFICERS AND DIRECTORS

11.1 P
11.2 PULLEN, AMRK
11.3 5421 ILLINOIS AVE
11.4 NEW PORT RICHEY FL

DELETE

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DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE Change Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY - ST - ZIP

13.5 TITLE

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY - ST - ZIP

13.9 TITLE

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY - ST - ZIP

13.13 TITLE

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY - ST - ZIP

13.17 TITLE

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY - ST - ZIP

13.21 TITLE

13.22 NAME

13.23 STREET ADDRESS

13.24 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

MARK PULLEN

Date

813 848-2326
Daytime Phone

CR2E034 (12/95)