

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 AM 9:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000047420 (2)**

1. Corporation Name:

**MULLANEY ENTERPRISES, INC.**

Principal Place of Business:

Mailing Address:

1135 PASADENA AVENUE SOUTH  
SUITE 140  
ST. PETERSBURG FL 33707  
17850 GULF BLVD  
REDINGTON SHORES, FL 33708

1135 PASADENA AVENUE SOUTH  
SUITE 140 975 SAN BROWN  
ST. PETERSBURG FL 33707  
4501 W. VERMONT ST.  
INDIAN LAKE IN 46222

DO NOT WRITE IN THIS SPACE

|                                                                                                                                                      |                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 3. Date Incorporated or Qualified                                                                                                                    | 3a. Date of Last Report           |
| 06/23/1994                                                                                                                                           |                                   |
| 4. FEI Number                                                                                                                                        | Applied For<br>Not Applicable     |
| 59-3250713                                                                                                                                           |                                   |
| 5. Certificate of Status Desired                                                                                                                     | \$8.75 Additional<br>Fee Required |
|                                                                                                                                                      |                                   |
| 6. Election Campaign Financing<br>Trust Fund Contribution                                                                                            | \$5.00 May Be<br>Added to Fees    |
|                                                                                                                                                      |                                   |
| 8. This corporation has liability for intangible tax under S. 199.032,<br>Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                   |

|                                |                         |
|--------------------------------|-------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. |
| 22. City & State               | 27. City & State        |
| 23. City & State               | 28. City & State        |
| 24. City & State               | 29. City & State        |
| 25. City & State               | 30. City & State        |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERSON, R. BRUCE ATTY.  
1135 PASADENA AVENUE SOUTH  
SUITE 140  
ST. PETERSBURG FL 33707

|                                                        |              |
|--------------------------------------------------------|--------------|
| 81. Name                                               | 85. Zip Code |
| Kenneth Brown                                          | 46151        |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 7255 BERRAN RD                                         |              |
| 83. City                                               |              |
| Martinsville, Indiana                                  |              |

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, to 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]*

4/1/95

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                            |
|----------------------------|------------------------|-------------------------------------------------------|----------------------------|
| 1. TITLE                   | PRESIDENT/SECY         | 1. TITLE                                              | VICE-PRESIDENT             |
| 2. NAME                    | Kenneth Brown          | 2. NAME                                               | Michael J. Mayhew          |
| 3. STREET ADDRESS          | 7255 BERRAN RD         | 3. STREET ADDRESS                                     | 9600 W. GULF BLVD          |
| 4. CITY, ST, ZIP           | MARTINSVILLE IN 46151  | 4. CITY, ST, ZIP                                      | Tallahassee, FLORIDA 33706 |
| 5. TITLE                   | Treasurer              | 5. TITLE                                              |                            |
| 6. NAME                    | JUNE BROWN             | 6. NAME                                               |                            |
| 7. STREET ADDRESS          | 7255 BERRAN RD         | 7. STREET ADDRESS                                     |                            |
| 8. CITY, ST, ZIP           | MARTINSVILLE, IN 46151 | 8. CITY, ST, ZIP                                      |                            |
| 9. TITLE                   |                        | 9. TITLE                                              |                            |
| 10. NAME                   |                        | 10. NAME                                              |                            |
| 11. STREET ADDRESS         |                        | 11. STREET ADDRESS                                    |                            |
| 12. CITY, ST, ZIP          |                        | 12. CITY, ST, ZIP                                     |                            |
| 13. TITLE                  |                        | 13. TITLE                                             |                            |
| 14. NAME                   |                        | 14. NAME                                              |                            |
| 15. STREET ADDRESS         |                        | 15. STREET ADDRESS                                    |                            |
| 16. CITY, ST, ZIP          |                        | 16. CITY, ST, ZIP                                     |                            |
| 17. TITLE                  |                        | 17. TITLE                                             |                            |
| 18. NAME                   |                        | 18. NAME                                              |                            |
| 19. STREET ADDRESS         |                        | 19. STREET ADDRESS                                    |                            |
| 20. CITY, ST, ZIP          |                        | 20. CITY, ST, ZIP                                     |                            |

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not comply for the exemption stated in Section 3.101(2)(g), Florida Statutes. I further certify that the information included on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of this corporation or this file owner or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

*[Signature]* Kenneth Brown

4/1/95 (317) 244-0713

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number