

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 ^{#200-00}

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000047420 (2)

1. Corporation Name

MULLANEY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~1135 PASADENA AVENUE SOUTH~~
17850 GULF BLVD.
REMLINTON SHORES FL 33708
US

WILSON BROWN
4501 W. VERMONT ST.
INDIANAPOLIS IN 46222
US

3. Date Incorporated or Qualified
06/23/1994

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

2. Principal Place of Business

2a. Mailing Address

21 17850 GULF BLVD

26

4. FEI Number
59-3250713

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Remington Shores

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23 FLORIDA

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 33708

25 PERU

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

Kenneth Brown

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

9551 W. GULF BLVD

83

84 City

TREASURE ISLAND

FL

85 Zip Code

33706

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]

(NOTE: Registered Agent signature required when reinstating.)

4/8/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PS BROWN, KENNETH
STREET ADDRESS 7255 BEREAN RD.
CITY-ST-ZIP MARTINSVILLE IN

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME VP MEYERS, MICHAEL J.
STREET ADDRESS 9600 W. GULF BLVD.
CITY-ST-ZIP TREASURE ISLAND FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 as an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/96

DATE

(317) 244-0713

Daytime Phone #

CR2E034 (12/95)