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Jan 20, 1999 8:00am
Secretary of State

01-20-1999 90014 024 ****155.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000053262

1. Corporation Name

MALLARD FINANCIAL, INC.

Principal Place of Business

3706 U.S. HWY. 19
NEW PORT RICHEY FL 34652

Mailing Address

3706 U.S. HWY. 19
NEW PORT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/15/1994

4. FEI Number

59-3256038

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 owes the current year Intangible
Personal Property Tax.

☒

Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28

City & State

29

Zip

Country

30

9. Name and Address of Current Registered Agent

DRACHENBERG, TERRENCE
3706 U.S. HWY. 19
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE TERRENCE DRACHENBERG

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-4-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D
DRACHENBERG, TERRENCE
STREET ADDRESS
30 GREENHAVEN CIRCLE
CITY-ST-ZIP
OLDSMAR FL 34677

TITLE ☐ DELETE

NAME
D
DRACHENBERG, JOAN
STREET ADDRESS
30 GREENHAVEN CIRCLE
CITY-ST-ZIP
OLDSMAR FL 34677

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
D
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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE: TERRENCE DRACHENBERG

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-4-98

Daytime Phone #

727-846-0898

CR2E034 (11/98)