

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
LESLIE B. MANNING
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

95 MAY -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087052 (4)

MULKEY-HICKS, INC.

DO NOT WRITE IN THIS SPACE

3. Date of Filing of Report 11/23/1994	3a. Date of Last Report N/A
4. FEI Number 59-3282596	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	

2. Principal Place of Business 21. State Apt. # 22. City & State 23. Zip	2b. Mailing Address 26. State Apt. # 27. City & State 28. Zip
24. Name 25. Address 29. City & State 30. Zip	

9. Name and Address of Current Registered Agent

CLARK, BLAIR W
300 31ST ST N
SUITE 101
ST PETERSBURG FL 33713

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL

11. Pursuant to the provisions of Sections 607.04(3) and 607.1506, 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 607.1506, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS (If Any)	
NAME	D MULKEY, THOMAS D JR. 7520 W WATERS AVE SUITE 16 TAMPA FL 33615	1. NAME	☐ Change ☐ Addition
STREET ADDRESS		2. NAME	
CITY & STATE		3. STREET ADDRESS	
NAME	D HICKS, EDWARD H 7520 W WATERS AVE SUITE 16 TAMPA FL 33615	4. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		5. NAME	
CITY & STATE		6. STREET ADDRESS	
NAME		7. CITY & STATE	☐ Change ☐ Addition
STREET ADDRESS		8. NAME	
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STREET ADDRESS		98. NAME	
CITY & STATE		99. STREET ADDRESS	
NAME		100. CITY & STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in the laws of the State of Florida. I further certify that the information is true and correct, 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 person in charge of preparation for the filing of this report as required by Chapter 190, Florida Statutes, and that my name appears in the filing of this report as an officer or director of the corporation.

SIGNATURE:

THOMAS D. MULKEY JR
SIGNATURE AND TYPE OR PRINTED NAME OF TRAINING OFFICER OR DIRECTOR

THOMAS D. MULKEY JR

4/27/95

813 888-9841