

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000011397 (3)**

1. Corporation Name
THE MUELLER COMPANY

Principal Place of Business
**2950 NORTH TAMiami TRAIL
SUITE 16
NAPLES FL 33940**

Mailing Address
**2950 NORTH TAMiami TRAIL
SUITE 16
NAPLES FL 33940**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3652 TAMiami TRAIL N. Suite, Apt. #, etc. 22 SUITE 113 City & State 23 NAPLES FLORIDA Zip 24 34103		2a. Mailing Address 26 3652 TAMiami TRAIL N. Suite, Apt. #, etc. 27 SUITE 113 City & State 28 NAPLES FLORIDA Zip 29 34103		3. Date Incorporated or Qualified 02/10/1995		3a. Date of Last Report 05/01/1996	
				4. FEI Number 65-0577255		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent POWERS, GERRY N 2950 NORTH TAMiami TRAIL SUITE 16 NAPLES FL 33940				10. Name and Address of New Registered Agent 81 Name GERRY N. POWERS 82 Street Address (P.O. Box Number is Not Acceptable) 3652 TAMiami TRAIL N. 83 84 City NAPLES FL 85 Zip Code 34103			
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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 607.0506, Florida Statutes.

SIGNATURE

Gerry N. Powers

Signature of officer, director, or registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

Aug 22 1997

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	GERRY N. POWERS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POWERS, GERRY			1.2 NAME			
STREET ADDRESS	2950 NORTH TAMiami TRAIL, SUITE 16			1.3 STREET ADDRESS	3652 TAMiami TRAIL N. SUITE 113		
CITY-ST-ZIP	NAPLES FL 33940			1.4 CITY-ST-ZIP	NAPLES FLORIDA 34103		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 in an attachment with an address.

SIGNATURE

Gerry N. Powers

Aug 22 1997 34103

CR2E034 (4/97)