

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P95000031884 (6)

1. Corporation Name

CAPT. MUELLER INTERNAT., INC.



Principal Place of Business

Mailing Address

**501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

**501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

3. Date Incorporated or Qualified

04/21/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPIEGELFIELD, ALLEN V
501 E. KENNEDY BLVD.
SUITE 1700
TAMPA FL 33602**

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

Signature type: the president, the secretary, the registered agent, and the treasurer.

(b)(3)(C) Registered Agent Signature required when appointing.

(b)(3)(D)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **KARL G. MUELLER**
CITY - ST - ZIP **3333 WEST KENNEDY BLVD #207**
TAMPA, FL 33609

TITLE ☐ DELETE
NAME **SECRETARY**
STREET ADDRESS **JOHN F. CLEMENT**
CITY - ST - ZIP **22280 ABBY RD**
PASS CHRISTIAN, MS 39571

TITLE ☐ DELETE
NAME **ROBERT N. PUNDSACK**
STREET ADDRESS **DIRECTOR**
CITY - ST - ZIP **259 E SCENIC DR**
PASS CHRISTIAN, MS 39571

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John F. Clement

6-18-96