

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 SEP 10 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000061957

1. Corporation Name

PAUL MULLIN LAWN CARE, INC.
P. O. BOX 4564

BOYNTON BEACH, FL 33424 Mailing Address

P. O. BOX 4564
BOYNTON, BEACH, FL
33424

P. O. BOX 4564
BOYNTON BEACH, FL 33424

3. Date Incorporated or Qualified
08/10/95

3a. Date of Last Report
Initial 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

4. FEI Number

65-0397941

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 ☒

current

9. Name and Address of Current Registered Agent

10. Name and Address of Non-Registered Agent

PAUL MULLIN
P. O. BOX 4564
BOYNTON BEACH, FL 33424

81 Name PAUL MULLIN

82 Street Address (P.O. Box Number is Not Acceptable)
9455 SUN POINTE DR.

83

84 City BOYNTON BEACH

FL

85 Zip Code 33437

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/96

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT & DIRECTOR ☐ DELETE
NAME PAUL MULLIN
STREET ADDRESS P. O. BOX 4564
CITY-ST-ZIP BOYNTON, BEACH, FL 33424

TITLE VICE-PRESIDENT & DIRECTOR ☐ DELETE
NAME MULLIN, JOANNE
STREET ADDRESS P. O. BOX 4564
CITY-ST-ZIP BOYNTON BEACH, FL 33424

TITLE SEC/TREAS & DIRECTOR ☐ DELETE
NAME MULLIN, PAUL JR.
STREET ADDRESS P. O. BOX 4564
CITY-ST-ZIP BOYNTON BEACH, FL 33424

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT AND DIRECTOR ☒ Change ☐ Addition
1.2 NAME PAUL MULLIN
1.3 STREET ADDRESS 9455 SUN POINTE DR
1.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33437

2.1 TITLE VICE-PRESIDENT & DIRECTOR ☒ Change ☐ Addition
2.2 NAME JOANNE MULLIN
2.3 STREET ADDRESS 9455 SUN POINTE DR.
2.4 CITY-ST-ZIP BOYNTON BEACH, FL. 33437

3.1 TITLE SEC/TREAS & DIRECTOR ☒ Change ☐ Addition
3.2 NAME PAUL MULLIN JR.
3.3 STREET ADDRESS 9455 SUN POINTE DR
3.4 CITY-ST-ZIP BOYNTON BEACH, FLA. 33437

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

5.1 TITLE
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 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 on an attachment with an address.

SIGNATURE: PAUL MULLIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/96

407-38-3137

CR2E034 (12/95)