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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000084887 (5)

1. Corporation Name

LARRY MULLINS & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

12 GOLF COTTAGE DR  
NAPLES FL 33999

12 GOLF COTTAGE DR  
NAPLES FL 34105-7113

2. Principal Place of Business

2a. Mailing Address

21 6314 TRAIL BLVD., N.

26 6314 TRAIL BLVD., N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES, FL.

28 NAPLES, FL.

24 Zip 34108

25 Country COLLIER

29 Zip 34108

30 Country COLLIER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLINE, LAWRENCE A  
12 GOLF COTTAGE DR  
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6314 TRAIL BLVD., N.

84 City NAPLES

FL

85 Zip Code 34108

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MULLINS, LAWRENCE A  
STREET ADDRESS 12 GOLF COTTAGE DRIVE  
CITY-ST-ZIP NAPLES FL 33999

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 6314 TRAIL BLVD. NORTH  
1.4 CITY-ST-ZIP NAPLES, FL 34108

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 on an attachment with an address.

SIGNATURE: Lawrence A. Mullins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/97 (941) 513-9588  
Date Daytime Phone #

CR2E034 (9/96)