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FILED

Feb 07 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 # P96000044236 (3)

1. Corporation Name  
MRM CONSTRUCTION, INC.

Principal Place of Business

1100 CLEVELAND ST  
SUITE 900  
CLEARWATER FL 34619

Mailing Address

1100 CLEVELAND ST  
SUITE 900  
CLEARWATER FL 34615-4805



2. Principal Place of Business

21 1100 CLEVELAND STREET

Suite Apt # etc

22 SUITE 900

City & State

23 CLEARWATER, FL

Zip

24 34619

Country

25 USA

2a. Mailing Address

26 P.O. BOX 51650

Suite, Apt. #, etc.

27 N/A

City & State

28 NEW BERLIN, WI

Zip

29 53151

Country

30 USA

3. Date Incorporated or Qualified

05/23/1996

3a. Date of Last Report

THIS IS 1ST REPORT

4. FEI Number

59-3390094

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MUELLER, JEROLD A  
STREET ADDRESS 2900 S 166TH STREET  
CITY-ST-ZIP NEW BERLIN WI 53151

TITLE PRESIDENT ☐ DELETE

NAME HENKELS, THOMAS  
STREET ADDRESS 2936 SOUTH 166TH STREET  
CITY-ST-ZIP NEW BERLIN, WI 53151

TITLE TREASURER ☐ DELETE

NAME CLEVELAND, ROBERT  
STREET ADDRESS 2936 SOUTH 166TH STREET  
CITY-ST-ZIP NEW BERLIN, WI 53151

TITLE D ☐ DELETE

NAME DAUDT, ROBERT  
STREET ADDRESS 7831 GLENROY ROAD, SUITE 300  
CITY-ST-ZIP MINNEAPOLIS, MN 55439-3135

TITLE D ☐ DELETE

NAME FALLDORF, DAVID  
STREET ADDRESS 3790 DODD ROAD  
CITY-ST-ZIP ST. PAUL, MN 55123

TITLE D ☐ DELETE

NAME FALLDORF, DAROLD  
STREET ADDRESS 3790 DODD ROAD  
CITY-ST-ZIP ST. PAUL, MN 55123

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☒ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS 2936 S. 166TH STREET

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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 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:

*Jerold Mueller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97

414-782-4320

Date

Daytime Phone #

CR2E034 (9/96)