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FILED

Jun 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000058378 (6)

1. Corporation Name

CHARLES MULLIS & ASSOCIATES, INC.

Principal Place of Business

12405-7 NORTH MAIN STREET
JACKSONVILLE FL 32218

Mailing Address

12405-7 NORTH MAIN STREET
JACKSONVILLE FL 32218

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/09/1996

4. FEI Number

59-3385991

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 12618 DeSoto St.

26 P.O. Box 26427

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Jacksonville, Florida

28 Jacksonville, FL

24 Zip

25 Country

29 Zip

30 Country

32218

U.S.A.

32226

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLIS, CHARLES
12405-7 NORTH MAIN STREET
JACKSONVILLE FL 32218

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

Charles Mullis

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D MULLIS, CHARLES
STREET ADDRESS
12600 DESOTA STREET
CITY-ST-ZIP
JACKSONVILLE FL 32218

TITLE ☐ DELETE

NAME
D CLARK, JOHN
STREET ADDRESS
13331 LANIER ROAD
CITY-ST-ZIP
JACKSONVILLE FL 32226

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

☒ Change ☐ Addition

11 TITLE
P Charles Mullis
12 NAME
12600 DeSoto St.
13 STREET ADDRESS
Jax., FL. 32218
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition

22 NAME
John Clark
23 STREET ADDRESS
13331 Lanier Rd.
24 CITY-ST-ZIP
Jax., FL. 32226

31 TITLE ☐ Change ☒ Addition

32 NAME
Jerry Simpson
33 STREET ADDRESS
355 Monument Rd Apt. H-1
34 CITY-ST-ZIP
Jax., FL. 32225

41 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I 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:

Charles Mullis

CR2E034 (10/97)