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Apr 29 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 # P96000061347 (6)

1. Corporation Name

MAUREEN MCNULTY, INC.



Principal Place of Business

6587-86 AVENUE NORTH
PINELLAS PARK FL 34885

Mailing Address

6587-86 AVENUE NORTH
PINELLAS PARK FL 34885

3. Date Incorporated or Qualified

07/22/1996

3a. Date of Last Report

N/A

2. Principal Place of Business

21 8413 JACARANDA AVE.

2a. Mailing Address

26 8413 JACARANDA AVE.

4. FEI Number

59-3396102

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

23 SEMINOLE, FL

City & State

28 SEMINOLE, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

24 33777

25 USA

Zip

Country

29 33777

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCNULTY, MAUREEN
6587-86 AVENUE NORTH
PINELLAS PARK FL 34885

8413 JACARANDA AVE.
SEMINOLE, FL 33777

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MCNULTY, MAUREEN
STREET ADDRESS 6587-86 AVENUE NORTH
CITY-ST-ZIP PINELLAS PARK FL 34885

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT, TREASURER ☒ Change ☒ Addition

1.2 NAME
1.3 STREET ADDRESS 8413 JACARANDA AVE.
1.4 CITY-ST-ZIP SEMINOLE, FL 33777

2.1 TITLE SECRETARY ☐ Change ☒ Addition

2.2 NAME SAM ZOLE, JR.
2.3 STREET ADDRESS 8413 JACARANDA AVE.
2.4 CITY-ST-ZIP SEMINOLE, FL 33777

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:

SAM ZOLE, JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-97 813-392-4444

Date

Daytime Phone #

CR2E034 (9/96)