

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 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 # P97000093730 (4)

1. Corporation Name

C.W. MULLIGANS, INC.



Principal Place of Business

Mailing Address

110 LIME RD., NE
LAKE PLACID FL 33852

110 LIME RD., NE
LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 135 SUN 'N LAKE BVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 LAKE PLACID FL

Zip

24 33852

Country

25 U.S.

City & State

Zip

29 33852

Country

30 U.S.

3. Date Incorporated or Qualified

10/31/1997

4. FEI Number

65-0791155

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

9. Name and Address of Current Registered Agent

FULTON, LIBURN
110 LIME RD., NE
LAKE PLACID FL 33852

Liburn

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME FULTON, LIBURN
STREET ADDRESS 110 LIME RD., NE
CITY-ST-ZIP LAKE PLACID FL 33852

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE P
NAME OSHA, CALVIN W
STREET ADDRESS 1720 THEON CT
CITY-ST-ZIP SEBRING FL 33870

☒ DELETE

TITLE S
NAME OSHA, LISA M
STREET ADDRESS 1720 THEON CT
CITY-ST-ZIP SEBRING FL 33870

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.
1.2 NAME FULTON, LIBURN
1.3 STREET ADDRESS 110 LIME RD NE.
1.4 CITY-ST-ZIP LAKE PLACID FL 33852

☒ Change

☐ Addition

2.1 TITLE VPT
2.2 NAME FULTON, NANCY
2.3 STREET ADDRESS 110 LIME RD NE.
2.4 CITY-ST-ZIP LAKE PLACID FL 33852

☒ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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 *[Signature]* 1-29-98 941 465 4315

CR2E034 (10/97)