

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90113 035 \*\*\*150.00

DOCUMENT # P98000029478

1. Corporation Name  
JMUSLER, INC.

Principal Place of Business

~~2700 MARION COUNTY ROAD~~  
~~WEIRSDALE FL 32195~~

Mailing Address

~~2700 MARION COUNTY ROAD~~  
~~WEIRSDALE FL 32195~~

2. Principal Place of Business

21 1621 NW 100th Ave.  
Suite, Apt. #, etc.

2a. Mailing Address

26 1621 NW 100th Ave  
Suite, Apt. #, etc.

22

City & State

23 Ocala, FL

Zip

24 34482

Country

City & State

28 Ocala, FL

Zip

29 34482

Country

30

9. Name and Address of Current Registered Agent

MUSLER, JOSEPH  
2700 MARION COUNTY ROAD  
WEIRSDALE FL 32195

3. Date Incorporated or Qualified

03/30/1998

4. FEI Number

59-3505985

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 the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)  
1621 NW 100th Ave

83

84 City  
Ocala

FL

85 Zip Code  
34482

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

TITLE D ☐ DELETE

NAME MUSLER, JOSEPH

STREET ADDRESS ~~2700 MARION COUNTY ROAD~~

CITY-ST-ZIP ~~WEIRSDALE FL 32195~~

TITLE D ☐ DELETE

NAME MUSLER, JACQUELINE

STREET ADDRESS ~~2700 MARION COUNTY ROAD~~

CITY-ST-ZIP ~~WEIRSDALE FL 32195~~

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1621 NW 100th Ave

1.4 CITY-ST-ZIP

Ocala, FL 34482

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

1621 NW 100th Ave

2.4 CITY-ST-ZIP

Ocala, FL 34482

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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, with all other like empowered.

SIGNATURE:

*Joseph Musler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99  
Date

(352) 861-4422  
Daytime Phone #

CR2E034 (11/98)