

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S01578

(1)

1. Corporation Name

MUELLER UNLIMITED, INC.



Principal Place of Business

Mailing Address

20 ROYAL PALM WAY #205
P.O. BOX 1479
BOCA RATON FL 33432-7801

20 ROYAL PALM WAY #205
P.O. BOX 1479
BOCA RATON FL 33432-7801

2. Principal Place of Business

2a. Mailing Address

21 213 SECRET WAY

26 POST OFFICE BOX 4185

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

CASSELBERRY, FL

WINTER PARK, FL

24 Zip

25 Country

29 Zip

30 Country

32707

SEMINOLE

32793

SEMINLOE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/04/1990

3a. Date of Last Report

02/24/1995

4. FEI Number

65-0221054

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

10. Name and Address of New Registered Agent

MUELLER, BONNIE L.
20 ROYAL PALM WAY #205
BOCA RATON FL 33432

81 Name

MUELLER, BONNIE L.

82 Street Address (P.O. Box Number is Not Acceptable)

213 SECRET WAY

83

84 City

CASSELBERRY

FL

85 Zip Code

32707

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

Bonnie L. Mueller
Signature, typed or printed name of registered agent and title if applicable

BONNIE L. MUELLER

4/11/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME MUELLER, BONNIE L.
STREET ADDRESS 20 ROYAL PALM WAY #205
CITY-ST-ZIP BOCA RATON FL

TITLE V ☐ DELETE

NAME MUELLER, FRED
STREET ADDRESS 20 ROYAL PALM WAY #205
CITY-ST-ZIP BOCA RATON FL

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

☒ Change ☐ Addition

213 SECRET WAY

CASSELBERRY, FL 32707

☒ Change ☐ Addition

213 SECRET WAY

CASSELBERRY, FL 32707

☐ Change ☒ Addition

S/T

TINA DUNFEE

1740 SEMORAN BLVD. #108

WINTER PARK, FL 32792

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Bonnie L. Mueller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96

407 677-9956

CR2E034 (12/95)