

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
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 JUL 29 PM 3:45

DOCUMENT # S37417

1. Corporation Name
MULLIS, GROUP II, INC.

Principal Place of Business Mailing Address
**5003 32nd Street East 5003 32nd Street E
 Bradenton, FL. 34203 Bradenton, FL. 34203**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **3201 26th St. W**
 Suite, Apt. #, etc.
 22 **Bradenton, FL**
 City & State
 23 **34205 USA**
 Zip Country
 24 **34205 USA**
 25 **USA**
 26 **3201 26th St. W**
 Suite, Apt. #, etc.
 27 **Bradenton, FL**
 City & State
 28 **34205 USA**
 Zip Country
 29 **34205 USA**
 30 **USA**

3. Date Incorporated or Qualified
3/12/1991
 4. FEI Number **65-0249560**
 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
 7. This corporation owes the current year Intangible Personal Property Tax Yes No

9. Name and Address of Current Registered Agent
**Clouser, Robert R
 5003 32nd Street East
 Bradenton, FL. 34203**

10. Name and Address of New Registered Agent
 81 Name **Elven Dion Mullis**
 82 Street Address (P.O. Box Number is Not Acceptable) **3201 26th Street West**
 83
 84 City **Bradenton** FL 85 Zip Code **34205**

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 **Elven Dion Mullis** *Elven Dion Mullis* **7/26/99**
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	Clouser, Robert R	
STREET ADDRESS	5003 32nd Street East	
CITY-ST-ZIP	Bradenton, FL. 34203	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	Clouser, Donna M	
STREET ADDRESS	5003 32nd Street East	
CITY-ST-ZIP	Bradenton, FL. 34203	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	P.D.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Mullis, Elven Dion	
13 STREET ADDRESS	3201 26th Street West	
14 CITY-ST-ZIP	Bradenton, FL. 34205	
21 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Mullis, Judith Rae	
23 STREET ADDRESS	3201 26th Street West	
24 CITY-ST-ZIP	Bradenton, FL. 34205	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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JB/ly

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: **Robert R. Clouser, Pres.** *Robert R. Clouser* **7/26/99 941-756-9090**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)