

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  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90173 042 \*\*\*150.00

DOCUMENT # S64036

1. Corporation Name

MRM TECHNICAL GROUP, INC.

Principal Place of Business

P O BOX 126  
CLEARWATER FL 34617  
US

Mailing Address

P.O. BOX 51650  
NEW BERLIN WI 35151  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1991

4. FEI Number

65-0273797

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

MUELLER, ROBERT J.  
2900 GULF BLVD.  
S207  
BELLEAIR BEACH FL 34635

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME HENKELS, THOMAS J.  
STREET ADDRESS 2900 S. 166TH STREET  
CITY-ST-ZIP NEW BERLIN, WI 53151

TITLE S ☐ DELETE  
NAME MUELLER, JEROLD A  
STREET ADDRESS 2900 SOUTH 166 TH STREET  
CITY-ST-ZIP NEW BERLIN WI

TITLE D ☐ DELETE  
NAME NELSON, DELAINE  
STREET ADDRESS 2900 S. 166TH STREET  
CITY-ST-ZIP NEW BERLIN, WI 53151

TITLE T ☐ DELETE  
NAME CLEVELAND, ROBERT  
STREET ADDRESS 2900 S. 166TH STREET  
CITY-ST-ZIP CLEARWATER, FL 34630

TITLE V ☐ DELETE  
NAME ERNST, CHRISTINE  
STREET ADDRESS 2900 S 166TH ST  
CITY-ST-ZIP NEW BERLIN WI

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CHAIRMAN ☐ Change ☒ Addition  
1.2 NAME DENNIS MUELLER  
1.3 STREET ADDRESS 2900 S. 166  
1.4 CITY-ST-ZIP New Berlin WI 53151

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0593743