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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:15

DOCUMENT # V03682 (4)

1. Corporation Name
MUELLER'S MAINTENANCE & TRAVEL SERVICE, INC.

Principal Place of Business	Mailing Address
302 LEE BLVD. 104 LEHIGH ACRES FL 33936 US	P.O. BOX 1162 LEHIGH ACRES FL 33970 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/30/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 816 McArthur Ave.
Suite, Apt. #, etc. 22:
City & State 23: LEHIGH ACRES FL
Zip 24: 33936 Country 25: US

2a. Mailing Address
26: P.O. BOX 1162
Suite, Apt. #, etc. 27:
City & State 28: LEHIGH ACRES, FL
Zip 29: 33970 Country 30: US

4. FEI Number: 65-0301493 ☐ 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

9. Name and Address of Current Registered Agent

MUELLER, ANNAMARIA
1000 LEE BOULEVARD
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

81 Name: MUELLER, ANNAMARIA
82 Street Address (P.O. Box Number is Not Acceptable): 816 MCARTHUR AVE.
83:
84 City: LEHIGH ACRES FL 85 Zip Code: 33936

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] ANNAMARIA MUELLER PRESIDENT 1/27/95
(signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MUELLER, ANNAMARIA	1.2 NAME	MUELLER, ANNAMARIA	
STREET ADDRESS	418 TRUMAN AVENUE	1.3 STREET ADDRESS	816 McARTHUR AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33936	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MUELLER, KLAUS	2.2 NAME	MUELLER, KLAUS	
STREET ADDRESS	418 TRUMAN AVENUE	2.3 STREET ADDRESS	816 McARTHUR AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL	2.4 CITY-ST-ZIP	LEHIGH ACRES, FL. 33936	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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] ANNAMARIA MUELLER, PRESIDENT 1/27/95 (813)368-3061
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone Number)

0338871 CP