

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V03682

MUELLER'S MAINTENANCE & TRAVEL SERVICE, INC.

	ce of Business	· · · · · · · · · · · · · · · · · · ·	g Address								
816 MCARTHU	IR AVE	P.O. 80	DX .1166					•			
104			I ACRES FL 33970-11	66						• •	
LEHIGH ACRES	S FL 33936	US					DO	NOT WRITE IN TH	IIS SPACE		
US .							3. Date Incorporated or	Qualifed	4, 100	- 4, 4 1 1 1 1	1
•							12/30/1991				
2. Principal F	Place of Business	2a. Ma	iling Address				4. FEI Number		ΙΔr	plied For	1
		26					65-0301493		<u> </u>	t Applicable	- 1
Suite, Apt.			ite, Apt. #, etc.				0070001490				┨:
	. #, etc.	— <u> </u>	ne, Apr. #, etc.				5. Certifcate of Status I	Desired	\$8:75		
22		. 27							Fee Re	•	4
City & Sta	ite	— —	City & State			6. Election Camp					
23	<u> </u>	28					Trust Fund Contribut	ion	Added	to Fees	
Zip	Country	Zip	Zíp				8. This corporation owe	s the current year	Intangible		
24	25		30				Personal Property Ta	ax.:	Yes !	□No	1
	9. Name and Address of 0		d Agent	,			10. Name and Address	of New Registere	d.Agent		Ī
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MUE	ELLER, ANNAMARIA	5						·			4
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11. Pursuant	t to the provisions of Sections 60 registered agent, or both, in the	7.0502 and 607.1	508 Florida Statutes	the at	ove-nar	ned corpo	oration submits this stateme	nt for the purpose	of changing its	registered	1
office or i	registered agent, or both, in the am familiar with, and accept the	State of Florida. S	Such change was aut	thorized da Statu	by the c	corporatio	n's board of directors. I her	eby accept the app	oointment as re	gistered	
SIGNATURE		, , ,	*					,			
SIGNATURE	Signature, typed or printed name of registe	red agent and title if anni	icable (NOTE: R	Registered .	Anent sinna	ture required	when reinstating)	DATE.		<u> </u>	1
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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 armual 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 attactment with an address, with all other like empowered.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90024 005 ***150.00