

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # V38551 (0)**

1. Corporation Name

**MULLIGAN'S PUB INC.**



Principal Place of Business

**NAPLES AIRPORT  
546 TERMINAL DR  
NAPLES FL 33942**

Mailing Address

**6482 RIDGE ROAD  
PARMA OH 44129**

3. Date Incorporated or Qualified

**05/22/1992**

3a. Date of Last Report

**01/19/1995**

4. FEI Number

**65-0332320**

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

2. Principal Place of Business

**21 133 BIG SPRINGS DR**

Suite, Apt. #, etc.

2a. Mailing Address

**26**

Suite, Apt. #, etc.

City & State

**23 NAPLES FL**

City & State

**28**

Zip

**24 33962**

Country

Zip

**29**

Country

**30**

9. Name and Address of Current Registered Agent

**COOK, ANNETTE R.  
133 BIG SPRINGS DR  
NAPLES FL 33962**

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, or title of applicant.

NOTE: Registered Agent signature required for re-statuting.

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME DELUCA, RALPH A  
STREET ADDRESS 6482 RIDGE RD  
CITY-ST-ZIP NAPLES FL 44129**

TITLE ☐ DELETE

**S  
NAME COOK, ANNETTE R  
STREET ADDRESS 133 BIG SPRINGS DR  
CITY-ST-ZIP NAPLES FL 33942**

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**PARMA, OHIO 44129**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**33962**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**DIRECTOR ☐ Change ☒ Addition**

**DUANE MOHORIC**

**133 BIG SPRINGS DR**

**NAPLES, FL 33962**

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

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:

*Ralph A. DeLuca*

**RALPH A. DeLUCA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/22/96**

**76 8436400**

Date

Daytime Phone

CR2E034 (12/95)