

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # V51161 (0)
 1. Corporation Name
THE MULLIN AGENCY, INC.



Principal Place of Business 761 WEST GRANADA BLVD ORMOND BEACH FL 32174 US	Mailing Address 761 WEST GRANADA BLVD ORMOND BEACH FL 32174-5107 US
--	---

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/16/1992	3a. Date of Last Report 01/29/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3132901	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent MULLIN, MICHAEL S. 311 CENTRE ST SUITE 207 FERNANDINA BEACH FL 32034		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE President/Treasurer/Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLIN, MARK S.		1.2 NAME MULLIN, MARK S.	
STREET ADDRESS 311 SEABREEZE BLVD		1.3 STREET ADDRESS 6058 Highway 11	
CITY-ST-ZIP DAYTONA BEACH FL		1.4 CITY-ST-ZIP DeLeon Springs, FL.	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE Vice President/Secretary/	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLIN, MICHAEL S.		2.2 NAME MULLIN, MICHAEL S.	Director
STREET ADDRESS 311 CENTRE STREET, SUITE 207		2.3 STREET ADDRESS 311 Centre Street, Suite 207	
CITY-ST-ZIP FERNANDINA BEACH FL		2.4 CITY-ST-ZIP Fernandina Beach, FL.	
TITLE ST	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLIN, CAROL		3.2 NAME	
STREET ADDRESS 311 SEABREEZE BLVD		3.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Mark S. Mullin** *Mark S. Mullin* 5/13/97 (904) 673-3633

CR2E034 (9/96)