

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V51161 (0)**

1. Corporation Name  
**THE MULLIN AGENCY, INC.**

Principal Place of Business <b>781 WEST GRANADA BLVD                  ORMOND BEACH FL 32174                  US</b>	Mailing Address <b>781 WEST GRANADA BLVD                  ORMOND BEACH FL 32174                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified <b>07/16/1992</b>	
4. FEI Number <b>59-3132901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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 <b>Michael S. Mullin Esq.</b>		
82 Street Address (P.O. Box Number is Not Acceptable) <b>26 South 5th Street</b>		
83		
84 City <b>Fernandina Beach</b>	85 State <b>FL</b>	86 Zip <b>32034</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIN, MARK S.</b>	1.2 NAME	
STREET ADDRESS	<b>6058 HIGHWAY 11</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELEON SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VPSD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Mullin, Michael S.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLIN, MICHAEL S.</b>	2.2 NAME	<b>VPSD</b>
STREET ADDRESS	<b>311 CENTRE STREET, SUITE 207</b>	2.3 STREET ADDRESS	<b>26 South 5th Street</b>
CITY-ST-ZIP	<b>FERNANDINA BEACH FL</b>	2.4 CITY-ST-ZIP	<b>Fernandina Beach, FL 32034</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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** 4/15/98 (904)673-3633

CR2E034 (10/97)