

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 306623 (0)

1. Corporation Name

MEL RUDY REALTY, INC.



Principal Place of Business

1521 E MEMORIAL BLVD
LAKELAND FL 33801

Mailing Address

1521 E MEMORIAL BLVD
LAKELAND FL 33801

3. Date Incorporated or Qualified
06/28/1996

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 1628 S. Florida Ave.

2a. Mailing Address
26 P.O. Box 8185

4. FEI Number
59-1383966

Applied For
Not Applicable

Suite, Apt. #, etc.
22 2ND FLOOR

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State
23 Lakeland FL

City & State
28 Lakeland FL

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Zip Country
24 33803 25 FL

Zip Country
29 33802-8185 30 FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIFFITH, JOHN R.
115 S. MISSOURI AVENUE
LAKELAND FL 33801

81 Name JOHN R. GRIFFITH
82 Street Address (P.O. Box Number is Not Acceptable)
83 JOHN, MCCURE, WATSON, GRIFFITH and BUSH, P.A.
84 101 S. FLORIDA AVENUE
85 City LAKELAND FL Zip Code 33801

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 JOHN R. GRIFFITH

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-nominating)

4/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPST ☐ DELETE
NAME GRIFFITH, JOHN RUDY
STREET ADDRESS 1521 E MEMORIAL BLVD
CITY-ST-ZIP LAKELAND FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 1628 S. Florida Avenue
1.4 CITY-ST-ZIP Lakeland, FL. 33803

TITLE DV ☐ DELETE
NAME GRIFFITH, JENNIFER E
STREET ADDRESS 1521 E. MEMORIAL BLVD
CITY-ST-ZIP LAKELAND FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 1628 S. Florida Avenue
2.4 CITY-ST-ZIP Lakeland, FL. 33803

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

JOHN R. GRIFFITH Pres.

4/15/96 (941) 688-7747

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)