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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 306623

(0)

MEL RUDY REALTY, INC.

FILED
Apr 28 1997 8:00am
Secretary of State

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Principal Place		Mailing Address P O BOX 8185		····				
LAKELAND FL	33803	LAKELAND FL 33802-8185 US		3. Date Incorporated or Qualified				
2. Principal F	lace of Business	2a. Mailing Address			4. FEI Number	V4/10/1880	Applied For	
21		26			59-1383966		Not Applicable	
Suite, Apt		Surte, Apt. #, etc.			5. Certificate of Status Desired	Fee	5 Additional Required	
City & Stat	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zιρ	Country	Z _i ρ	Country		8. This corporation has liability f		or s. 199.032,	
24	25		30		Florida Statutes	Yes No		
	9. Name and Address of Curr	ent Registered Agent		, 	10. Name and Address of New	Registered Agent		
HAH	FITH, JOHN R. In, McClup g -Watson, Grif S Florida Ave	FITH AND BUSH P	81	Name Street Ac	ddress (P.O. Box Number is Not Accep	table)		
	ELAND FL 33801		83		· · · · · · · · · · · · · · · · · · ·			
			84	City		FL 85 Z	ip Code	
		FOR LOOP JEON EL III D.			orporation submits this statement for the ration's board of directors. I hereby according to the ration of the rat	<u> </u>	312 22 27 1 22 27	
12.		agent and tilk: if applicable (NOTE ND DIRECTORS DELETE	13,	eni signature re	guired when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIRECT Change		
TITLE NAMÉ	DPST GRIFFITH, JOHN RUDY	☐ DELETE	1.1 TITLE 1.2 NAME	1		L Chang	ge 🔲 Addition	
STREET ADDRESS	1628 S FLORIDA AVE		1	ADDRESS				
DITY-ST-ZIP	LAKELAND FL		1.4 CITY-1	1				
TITLE	DV	DELETE	2.1 TiTLE	" • • • • • • • • • • • • • • • • • • •		Chang	ge 🔲 Addition	
NAM:	GRIFFITH, JENNIFER E		2.2 NAME	:				
STREET ADDRESS	1628 S FLORIDA AVE		23 STREE	ADDRESS				
CITY - ST - ZIP	LAKELAND FL		2 4 CiTY-	ST-ZIP				
TIFLE		☐ DELETE	3.1 TITLE			Chan	ge 🔲 Addition	
NAME			3.2 NAME					
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		Dry CTF	3.4. CITY-	ST-ZIP			. 11222	
TITLE		☐ DELETE	4.1 TIFLE	-		Chang	ge Addition	
NAM!			4. 2 NAME	: LANGERTON	÷ .			
STREET ADDRESS				ADORESS				
CITY - S1 - ZIP TITLE		DELETE	4.4 CITY-1	51-ZIP		Chang	ge Addition	
NAME		El perere	5.2 NAME	ĺ		C Chang	e- Las recuired	
STREET ADDRESS			4	ADDRESS				
City-St-Zif-			5.4 CITY -	.,]				
TITLE		DELETE	6.1 TITLE			Chan	ge Addition	
NAMÉ		_	6.2 NAME	1			•	
STREET ADDRESS			1	ADDRESS				
City-St-ZiP			6.4 CITY-				•	
	1							

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:

INATURE AND TYPED OR PRINTED NAME OF SIGNIFUS PEFFICER OR DIRECTOR

4/22/97

941-686-418