


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

FILED

Apr 23 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 # 417832 (3)					
1. Corporation Name D.J. MUNSON, INC.					
Principal Place of Business 610 PARK ST. EUSTIS FL 32726			Mailing Address 610 PARK ST. EUSTIS FL 32726-7089		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1973		3a. Date of Last Report 04/12/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-1448407		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. 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 WELCH, JO ANNE 610 PARK ST. EUSTIS FL 32726				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZICKERT, MARIBETH			1.2 NAME			
STREET ADDRESS	8 CHARLESTON RD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	HINSDALE, IL 60521			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUNSON, JAMES R			2.2 NAME			
STREET ADDRESS	9920 FAIRWAY CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	LEESBURG FL 34788			2.4 CITY-ST-ZIP			
TITLE	STD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WELCH, JO ANNE			3.2 NAME	TD WELCH, JO ANNE		
STREET ADDRESS	610 PARK ST.			3.3 STREET ADDRESS	610 PARK ST		
CITY-ST-ZIP	EUSTIS FL 32726			3.4 CITY-ST-ZIP	EUSTIS FL 32726		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MUNSON, DONALD E			4.2 NAME	D MUNSON DONALD E		
STREET ADDRESS	P.O. BOX 195/ 117 MAPLE ST.			4.3 STREET ADDRESS	PO BOX 195/ 117 MAPLE ST		
CITY-ST-ZIP	ANNA MARIA FL 34216			4.4 CITY-ST-ZIP	ANNA MARIA FL 34216		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZICKERT, LLOYD L			5.2 NAME	VPD ZICKERT LLOYD L		
STREET ADDRESS	8 CHARLESTON RD.			5.3 STREET ADDRESS	8 CHARLESTON RD		
CITY-ST-ZIP	HINSDALE IL 60521			5.4 CITY-ST-ZIP	HINSDALE IL 60521		
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: Jo Anne Welch REQUIRED Tras. 4/14/97 352-357-7393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)