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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State
03-03-1999 90011 040 ***150.00

DOCUMENT # **475387**

1. Corporation Name
MCMUNN COMPANY, INC.

Principal Place of Business	Mailing Address
13841 DARLENE AVENUE HUDSON FL 34667	13841 DARLENE AVENUE HUDSON FL 34667

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/08/1975

2. Principal Place of Business	2a. Mailing Address
21 12035 Pilot Country DR	26 12035 Pilot Country DR
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: SPRING Hill FL	28 City & State: SPRING Hill, FL
24 Zip: 34610 25 Country: USA	29 Zip: 34610 30 Country: USA

4. FEI Number: 59-1610518 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GARRABRANTS, E L, JR 6008 MAIN STREET NEW PORT RICHEY FL 34653	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 _____ 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	PD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MCMUNN, PATRICK J		1.2 NAME		
STREET ADDRESS	13841 DARLENE DR		1.3 STREET ADDRESS	12035 Pilot Country DR	
CITY-ST-ZIP	HUDSON FL		1.4 CITY-ST-ZIP	SPRING Hill, FL 34610	
TITLE	ST	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	MCMUNN, PERTHELLA		2.2 NAME		
STREET ADDRESS	13841 DARLENE DR.		2.3 STREET ADDRESS	12035 Pilot Country DR	
CITY-ST-ZIP	HUDSON FL		2.4 CITY-ST-ZIP	SPRING Hill, FL 34610	
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCMUNN, PATRICK J JR		3.2 NAME		
STREET ADDRESS	4523 HOFFMAN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PASTORE, JOSEPH		4.2 NAME		
STREET ADDRESS	9124 GALLUP RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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, with all other like empowered.

SIGNATURE: Perthella McMunn 2.17.99 813/929-9271
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #