2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7 4 144()					May 30, 2000 8:00 am Secretary of State			
	Munson Area Preser 1312 Carson Drive,	vation, Inc.		10-	05-30-2000 9010			
Principal Plac	e of Business	Mailing Address	76	98				
1312 Carson Drive same Tallahassee, Florida 32310-7608					U 0058228			
2. Principal P	lace of Business							
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u></u>		DO NOT WRITE IN THIS SPACE			
City & State City & S		City & State	& State		 		pplied For ot Applicable	-
Zip	Country	Zip	Country		of Status Desired	\$8.75 Ad Fee Require		
+	6. Name and Address of Current F	Registered Agent	Namo	7. Name and	Address of New Register	red Agent		4
Margaret L. Fogg 1312 Carson Drive Tallahassee, Florida 32310-7608			Name Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	de	
SIGNATURE .	Signature, typed or printed name of registered agent as FILE NOW: FEE IS \$61:25	Election Campaign F Trust Fund Contributi	inancing	\$5.00 May Be Added to Fees	Make Che	ck Payable tent of State		The state of the s
TITLE	President	☐ Delete	TITLE			☐ Change	Addition	6
NAME STREET ADDRESS CITY-ST-ZIP	Margaret E. Fogg 1312 Carson Drive		NAME STREET ADDRESS CITY-ST-ZIP					2F037 (9)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, Florid	a 32310 7608 Delete	NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President James Everington 5405 Trinidad Tallahassee, Florid	□ Delete a 32310	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	4
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5705 LaFrance Cr		TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, Florid	∟ Delete	TITLE . NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Jessie L. Brown 1717 Old Briar Trai Tallahassee, Florid	1	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/00 (850) 877-5380 Date Daytime Phone #

FILED