

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **803248** (4)

1. Corporation Name  
**MUNFORD, INC.**



Principal Place of Business

**497 SEMORAN BLVD STE 165  
CASSELBERRY FL 32707**

Mailing Address

**497 SEMORAN BLVD STE 165  
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified  
**12/17/1927**

3a. Date of Last Report  
**02/21/1995**

2. Principal Place of Business

21 **6034 Brookhill Ct.**

2a. Mailing Address

26 **P.O. Box 607487**

4. FEI Number  
**58-0147560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Orlando Florida**

City & State

28 **Orlando, Florida**

Zip

24 **32810**

Country

25 **FL**

Zip

29 **32860**

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSAN BITNER  
497 SEMORAN BLVD.  
SUITE 165  
CASSELBERRY FL 32707**

81 Name

**Susan Bitner**

82 Street Address (P.O. Box Number is Not Acceptable)

**6034 Brookhill Ct.**

83

84 City

**Orlando**

**FL**

85 Zip Code

**32810**

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **STEPHENS, WAYNE T**  
CITY - ST - ZIP **497 SEMORAN BLVD STE 165  
CASSELBERRY FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**6034 Brookhill Ct.**

**Orlando, FL. 32810**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE

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:

**Wayne T. Stephens**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/26/96**

Date

**407-521-0772**

Daytime Phone #

CR2E034 (12/95)