FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 27 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F08292 (7)

1. Corporation Name
M & N REAL ESTATE STORE 2, INC.

Principal Place of Business	Mailing Address
1320 TENNESSEE AVENUE ST. CLOUD FL 34769	1320 TENNESSEE AVENUE ST. CLOUD FL 34769

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/09/1980
3a. Date of Last Report: 01/20/1994
4. FEI Number: 59-2040495 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THORNTON, H.R.,JR.
1010 PENNSYLVANIA AVENUE
ST. CLOUD, FL EF

10. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P NAME TOLLEFSRUD, MICHAEL STREET ADDRESS 513 WEST VINE ST. CITY-ST-ZIP KISSIMMEE FL	1.1 TITLE Dir. ☒ Change ☐ Addition 1.2 NAME michael Tollefsrud 1.3 STREET ADDRESS 513 W. Vine St 1.4 CITY-ST-ZIP Kissimmee, Fl
TITLE TR NAME PATTON, MARY LOU STREET ADDRESS 4706 MESA VERDE CITY-ST-ZIP ST. CLOUD FL	2.1 TITLE P ☒ Change ☐ Addition 2.2 NAME Mary Lou Patton 2.3 STREET ADDRESS 4706 Mesa Verde 2.4 CITY-ST-ZIP St. Cloud, Fl.
TITLE VP NAME MURDOCK, LEE STREET ADDRESS 500 GRAPE AVE. CITY-ST-ZIP ST. CLOUD FL	3.1 TITLE TSH See James Elmo ☒ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3624 Bay St. 3.4 CITY-ST-ZIP St. Cloud, Fl
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE ☐ Change ☐ Addition 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)(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: Mary Lou Patton 1/23/95 407-892-7117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0377449 CP