FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **H34171** **(9)**

1. Corporation Name

GINKEL PROPERTIES, INC.

Principal Place of Business

% DANIEL M. HUNTER
5315 KINGSWOOD DRIVE
ORLANDO FL 32810

Mailing Address

% DANIEL M. HUNTER
5315 KINGSWOOD DRIVE
ORLANDO FL 32810

3. Date Incorporated or Qualified: 12/14/1984
3a. Date of Last Report: 02/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2481646 ☐ 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

9. **Name and Address of Current Registered Agent**

HUNTER, DANIEL M.
243 W. PARK AVE.
WINTER PARK FL 32789

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	DST	☒ DELETE	1.1 TITLE	DST	☐ Change ☒ Addition
NAME	GINKEL, ELMO		1.2 NAME	GINKEL, ELWOOD X.	
STREET ADDRESS	14300 MOUNT TERRACE		1.3 STREET ADDRESS	4801 WOODHILL WAY	
CITY-ST-ZIP	MINNETONKA MN		1.4 CITY-ST-ZIP	EDINA, MN 55424	
TITLE	DV	☒ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	GINKEL, LESTER		2.2 NAME	KENDON L. GINKEL	
STREET ADDRESS	5319 KINGSWOOD DR.		2.3 STREET ADDRESS	770 DOMMERICK DRIVE	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	MAITLAND, FLOR 32751	
TITLE	DP	☒ DELETE	3.1 TITLE	DP	☐ Change ☒ Addition
NAME	GINKEL, ELSIE J.		3.2 NAME	GINKEL, ELSIE	
STREET ADDRESS	770 DOMMERICK DRIVE		3.3 STREET ADDRESS	5315 KINGSWOOD DRIVE	
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP	ORLANDO, FLOR 32810	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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: Elwood X. Ginkel — 2/14/96 — 612/933-7110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ELWOOD X. GINKEL

CR2E034 (12/95)