

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M98228** (3)  
1. Corporation Name  
**MUNN PARK PROPERTIES, INC.**



Principal Place of Business: ~~231 N KENTUCKY AVE P O BOX 3900 LAKELAND FL 33801 US~~ **SAME** → **231 N KENTUCKY AVE P O BOX 3900 LAKELAND FL 33801 US** **3616 HARDEN BLVD BOX 166 LAKELAND 33803**

3. Date Incorporated or Qualified: **09/12/1988** 3a. Date of Last Report: **01/19/1995**

4. FEIN Number: **59-2952540** 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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, RONALD L.  
4740 CLEVELAND HEIGHTS BOULEVARD  
LAKELAND FL 33813**

81. Name. 82. Street Address (P.O. Box Number is Not Acceptable). 83. City. 84. Zip Code: **FL**

11. Pursuant to the provisions of Section 607.001(2)(c) of the 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 607.001(2)(c) Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HERRING, JERRY J.</b>	
STREET ADDRESS	<b>231 N. KENTUCKY AVE.</b>	<b>3616 Harden Blvd</b>
CITY - ST - ZIP	<b>LAKELAND FL</b>	<b>BOX 166 LAKELAND FL</b>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY - ST - ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY - ST - ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information included on this form is the true and correct information in part to be used as a public record 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 trustee or trustee-in-trust of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or otherwise identified in an affidavit.

SIGNATURE: **JERRY HERRING PRES** 1/14/96 6833989

CR2E034 (12/95)