

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002331 (6)

1. Corporation Name

MUNROE HOUSE, INC.



Principal Place of Business

Mailing Address

125 N. GADSDEN STREET
TALLAHASSEE FL 32301

125 N. GADSDEN STREET
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
05/10/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3245828

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUCKETT, RICHARD
125 N. GADSDEN STREET
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, 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

TITLE PD
NAME FOX, W. STEVE ☒ DELETE
STREET ADDRESS 1406 HAYS STREET
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME LOVE, JULIACAROL ☒ DELETE
STREET ADDRESS 1519 BOWMAN DRIVE
CITY-ST-ZIP TALLAHASSEE FL

TITLE D
NAME WILLIAMS, CHARLOTTE ☒ DELETE
STREET ADDRESS 419 NORTH RIDE
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Roeder, Martin
1.3 STREET ADDRESS 121 Ridgeland Road
1.4 CITY-ST-ZIP Tallahassee, FL 32312

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME Hock, E. Ron
2.3 STREET ADDRESS 4044 McLaughlin Dr.
2.4 CITY-ST-ZIP Tallahassee, FL 32308

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME McKinney, Dr. Meredith
3.3 STREET ADDRESS 1704 Riggins Road
3.4 CITY-ST-ZIP Tallahassee, FL 32308

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME Puckett, Richard L.
4.3 STREET ADDRESS 125 N. Gadsden Street
4.4 CITY-ST-ZIP Tallahassee, FL 32301

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE 600001820125 ☐ Change ☐ Addition
6.2 NAME -05/14/96--01046--021
6.3 STREET ADDRESS ***61.25
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96

904)222-8800

CR2E037 (12/95)