

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012744

WM. BRUCE MUENCH, P.A.

FILED Feb 17, 1999 8:00 am Secretary of State

02-17-1999 90095 026 ***150.00

VVIVE OTT	OCE MOENON, 1 -A										
Principal Place	e of Business	Mailing Add	dress	•	_		- - 	HE HEH GENE BE			I BIBIT BIBT IBBI
438 EAST MONROE STREET 438 EAST MONROE STREET											
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202							DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated				
i							12/14/1992				t
2. Principal P	lace of Business	2a. Mailing	Address				4. FEI Number				pplied For
21		26					59-3156067				ot Applicable
Suite, Apt.	#, etc.	Suite, A	Suite, Apt. #, etc.				5. Certifcate of Statu	s Desired			Additional
22		27									equired
City & State	le	City &	State				6. Election Campaig	-			May Be
23	Country	28 Zin	Zip Country				Trust Fund Contribution Added to Fees				
Zip	Country 25	29	₁ ˙				8. This corporation owes the current year Intangible Personal Property Tax. Yes				
24	9. Name and Address of Curre			30			10. Name and Addre		Registered	Agent	
				1:	81 (Name					
MUE	NCH, WM. B			-	82 3	Street Addre	ee (P.O. Boy Number is	Not Accent	able\		
	EAST MONROE STREET					Olicel Addie	ress (P.O. Box Number is Not Acceptable)				
JACI	ksonville FL 32202			[83		4				法 議長
					84 (City			FL	85 Zip	Code
 	to the provisions of Sections 607.05	-00 + 007 4500	Florido Ctotuto	<u> </u>		nomad como	ration aubmite this state	ment for the		changing it	s registered
office or n	registered agent, or both, in the State	e of Florida. Such	change was au	uthorized	by the	ne corporation	n's board of directors. I	hereby acce	pt the appoi	ntment as r	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section	607.0505, Flor	rida Statut	tes.						ŀ
SIGNATURE	Signature, typed or printed name of registered ag	nent and title if applicable	. (NOTE:	Registered A	kgent si	signature required	when reinstating).		DATE		{
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable	. (NOTE:	Registered A	igent si	signature required	when reinstating), ADDITIONS/CHAN	IGES TO OF		ID DIRECT	ORS IN 12
			. (NOTE:			signature required		IGES TO OF		ID DIRECT	
12.	OFFICERS A			13.	E	signature required		IGES TO OF			
12. TITLE	OFFICERS A D MUENCH, WM. B			13. 1.1 TITL 1.2 NAM	.E ME	DDRESS		IGES TO OF			
12. TITLE NAME	OFFICERS A D MUENCH, WM. B		DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY	E ME MEET AL Y-ST-Z	DORESS		IGES TO OF		Change	☐ Addition
12. TITLE NAME STREET ADDRESS	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET			13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL	E ME MEET AL Y-ST-Z E	DORESS		GES TO OF			
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET		DELETE	13. 1.1 TITU 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITU 2.2 NAM	E AE BEET AL Y-ST-Z E	DDRESS ZIP		IGES TO OF		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET		DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR	E AE EET AL Y-ST-Z E AE	DDRESS ZIP		IGES TO OF		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	EET AL EET AL EET AL E EET AL EET AL EET AL	DDRESS ZIP		IGES TO OF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL	EET AL Y-ST-Z E ME ME Y-ST-Z E	DDRESS ZIP		IGES TO OF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	E AE Y-ST-Z E AE Y-ST-Z E AE Y-ST-Z AE	DDRESS		IGES TO OF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAA 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAA 3.3 STR	E AE	DDRESS ZIP DDRESS .ZIP		IGES TO OF		☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITC 2.1 TITL 2.2 NAA 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAA	E AE EEET AL F EEET AL Y-ST-Z E AE AE EEET AL EEET AL EEET AL	DDRESS ZIP DDRESS .ZIP		IGES TO OF		Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET	AND DIRECTORS	DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT	E AF AF AF AF AF AF AF AF AF A	DDRESS ZIP DDRESS .ZIP		IGES TO OF		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	E AE AE AE AE AE AE AE AE AE	DDRESS ZIP DDRESS .ZIP		IGES TO OF		Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME NAME NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	E AE EEET AL EEET AL Y-ST-Z E AE AE EEET AL Y-ST-Z E AE AE AE AE AE AE AE AE AE	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		IGES TO OF		Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5	E AFE AFE AFE AFE AFE AFE AFE AFE AFE AF	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS		IGES TO OF		Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM	E AFEET ALC	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		GES TO OF		Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CID 2.1 TITL 2.2 NAM 2.3 STR 2.4 CID 3.1 TITL 3.2 NAM 3.3 STR 3.4 CID 4.1 TITL 4.2 NAM 4.3 STR 4.4 CID 5.1 TITL 5.2 NAM 5.3 STR	E EET AL E EET AL E EET AL E EET AL E EEET AL E EEET AL E ME ME ME ME ME ME ME ME ME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		IGES TO OF		Change Change	Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 12 NAM 1.3 STR 1.4 CITTL 22 NAM 2.3 STR 2.4 CITT 3.1 TITL 32 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITT 5.4 CITT 5.4 CITT 5.4 CITT 5.5 NAM 5.5 STR 5.4 CITT 5.4 CITT 5.5 NAM 5.5 STR 5.5 NAM 5.5 STR 5.5 NAM 5.5 STR 5.5 NAM 5.5 STR 5.5 NAM 5.5 N	E ARE REET AL E	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		IGES TO OF		Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL	E ARE REET AL P. ST. Z. E. ARE REET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		IGES TO OF		Change Change	Addition Addition Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A D MUENCH, WM. B 438 E. MONROE STREET JACKSONVILLE FL 32202	AND DIRECTORS	DELETE DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 3.1 TITL 3.2 NAM 3.3 STR 3.4 CITY 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	E ARE REET AL	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP		IGES TO OF		Change Change	Addition Addition Addition Addition

14. I hereby certify that the information supplied with this filing 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 chapter, or on an attachment with an address, with all other like empowered.

SIGNATURE:

URL AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99 954-358-8778 Date Daytime Phone # K2E034 (11/98)