

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # P95000045979 (8)

1. Corporation Name
MUNROE & ASSOCIATES, INC.

Principal Place of Business

1408 N. PIEDMONT WAY
TALLAHASSEE FL 32312

Mailing Address

1408 N. PIEDMONT WAY
TALLAHASSEE FL 32312-2935



2. Principal Place of Business

21 Same As: #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

MUNROE, DONALD J III
1408 N. PIEDMONT WAY
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

06/08/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3323384

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

(per Henricks)

10. Name and Address of New Registered Agent

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 and am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature line for registered agent or director)

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97

386-6933

Date Daytime Phone #

CR2E034 (9/96)