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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

FILED

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000059292 (8)

MUNSON BROTHERS & COMPANY, INCORPORATED

Principal Place of Business Mailing Address 14400 SW 48TH COURT 14400 SW 46TH COURT OCALA FL 34473 OCALA FL 34473-2388 3. Date Incorporated or Qualified 3a, Date of Last Report 07/12/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country ZID 8. This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FAW, LARRY D **14400 SW 46TH COURT** Street Address (P.O. Box Number is Not Acceptable) **OCALA FL 34473** 83 Zin 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 it applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIFLE DELETE Change Addition 11 TITLE FAW, LARRY D NAME 12 NAME **14400 SW 46TH COURT** STREET ADDRESS 13 STREET ADDRESS **OCALA FL 34473** CITY-ST-ZIP 1.4 CITY-ST-ZIP D DELETE THEF 2.1 TITLE Change Addition MUNSON, STUART V NAME 22 NAME 340 S. WOOSTER ST. STREET ADDRESS 23 STREET ADDRESS **CAPRON IL 61012** CITY-S1-7/P 2.4 CITY-ST-ZIP DELETE TILE 31 TITLE ☐ Change Addition MUNSON, NIK 32 NAME 201 W. 94TH ST. #5-D STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY 10025** CITY-ST-70F 3.4. CITY - ST- ZIP DELETE TITLE 4.1 TITLE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS COLF-ST-ZIF 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY - ST- ZIP 5.4 CITY - ST - ZIP DELETE TIZLE 6.1 TITLE Change Addition 6.2 NAME STHEET ADDRESS **6.3 STREET ADDRESS**

14. Of 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 3 if changed or en an attachment with an address.