

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

FILED
Apr 30 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P96000091974 (1)
 1. Corporation Name
MOUNT MUNCY ENTERPRISES, INC.



| | |
|--|--|
| Principal Place of Business 17521 U.S. HIGHWAY 441 SUITE 21A MOUNT DORA FL 32757 | Mailing Address 17521 U.S. HIGHWAY 441 SUITE 21A MOUNT DORA FL 32757 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | |
|---|--|---|--|--|
| 3. Date Incorporated or Qualified 11/07/1996 | | 4. FEI Number 59-3412612 | | Applied For <input type="checkbox"/> Not Applicable |
| 2. Principal Place of Business 21 Suite, Apt. #, etc. Suite 27 | 2a. Mailing Address 26 Suite, Apt. #, etc. Suite 27 | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| 22 City & State | 27 City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| 23 Zip | 28 Country | 29 Zip | | 30 Country |
| 24 | 25 | 29 | | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | | |

**SMITH, GREGORY T
 17521 U.S. HIGHWAY 441
 SUITE 21A
 MOUNT DORA FL 32757**

| | | | | |
|---------|---|--------------------|---------|-----------------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 Suite 27 | 84 City | 85 FL Zip 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|--|
| TITLE D | <input type="checkbox"/> DELETE | 1.1 TITLE SMITH, GREGORY T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SMITH, GREGORY T | | 1.2 NAME | |
| STREET ADDRESS 17521 US HWY 441, STE 21A | | 1.3 STREET ADDRESS 17521 US HWY 441, STE 27 | |
| CITY-ST-ZIP MOUNT DORA FL 32757 | | 1.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 2.1 TITLE SMITH, DEBORAH A | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SMITH, DEBORAH A | | 2.2 NAME | |
| STREET ADDRESS 17521 US HWY 441, STE 21A | | 2.3 STREET ADDRESS 17521 US HWY 441, STE 27 | |
| CITY-ST-ZIP MOUNT DORA FL 32757 | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)