

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90027 008 ***150.00

DOCUMENT # P96000091974

1. Corporation Name

MOUNT MUNCY ENTERPRISES, INC.

Principal Place of Business

17521 U.S. HIGHWAY 441
STE 27
MOUNT DORA FL 32757
US

Mailing Address

17521 U.S. HIGHWAY 441
STE 27
MOUNT DORA FL 32757
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1996

4. FEI Number

59-3412612

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2001 W. OLD HIGHWAY 441

Suite, Apt. #, etc.

22 Suite 3

City & State

23 MOUNT DORA, FL

Zip Country

24 32757 25 US

2a. Mailing Address

26 2001 W. Old Highway 441

Suite, Apt. #, etc.

27 Suite 3

City & State

28 MOUNT DORA, FL

Zip Country

29 32757 30 US

9. Name and Address of Current Registered Agent

SMITH, GREGORY T
17521 U.S. HIGHWAY 441
STE 27
MOUNT DORA FL 32757

10. Name and Address of New Registered Agent

81 Name

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

2001 W. OLD HIGHWAY 441

83 Suite 3

84 City MOUNT DORA

FL

85 Zip Code 32757

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME SMITH, GREGORY T
STREET ADDRESS 17521 US HWY 441, STE 27
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE D ☐ DELETE
NAME SMITH, DEBORAH A
STREET ADDRESS 17521 US HWY 441, STE 27
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2001 W. OLD HIGHWAY 441, Suite 3
1.4 CITY-ST-ZIP MOUNT DORA, FL 32757

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 2001 W. OLD HIGHWAY 441, Suite 3
2.4 CITY-ST-ZIP MOUNT DORA, FL 32757

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/99

Date

352-383-5060

Daytime Phone #

CR2E034 (1/98)

0075834