FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED
FILED
95 MAY -1 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18554** (3)

1. Corporation Name

GREG MUNSON, INC.

Principal Place of Business	Mailing Address
33832 TARAWOOD DR LEESBURG FL 34788 US	HCR 85 BOX 539 LESLIE AR 72645 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/01/1991
3a. Date of Last Report: 04/27/1994
4. FEI Number: 59-3041216 — 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

2. Principal Place of Business
21 28725 - S.R. 19
22 Suite, Apt. #, etc.:
23 City & State: Tavares, Fl
24 Zip: 32778
25 Country: U.S.

2a. Mailing Address
26
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

MUNSON, GREGORY LYNN
10544 TREADWAY SCHOOL ROAD
33832 TARAWOOD DR
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 28725 S.R. 19
83
84 City: Tavares FL 85 Zip Code: 32778

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] Gregory L. Munson 4/10/95
Signature, Typed or Printed Name of Registered Agent and Title if Applicable — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	1.1 TITLE	DPV	☒ Change ☐ Addition
NAME	MUNSON, GREGORY LYNN	1.2 NAME		
STREET ADDRESS	33832 TARAWOOD DR	1.3 STREET ADDRESS	28725 S.R. 19	
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Tavares, Fl 32778	
TITLE	DVS	2.1 TITLE	PTS	☒ Change ☐ Addition
NAME	MUNSON, PATRICIA	2.2 NAME		
STREET ADDRESS	33832 TARAWOOD DR	2.3 STREET ADDRESS	28725 S.R. 19	
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	Tavares, Fl 32778	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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: [signature] Greg Munson — 4/10/95 — 904 742 3480
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490643 FN