

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 24 1996 8:00 am
Secretary of State

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



2. Principal Place of Business
21 28725 S.R. 19
Suite, Apt. #, etc.
22
City & State
23 TAVARES, FL
Zip
24 32778 25 US
Country
26 28725 S.R. 19
Suite, Apt. #, etc.
27
City & State
28 TAVARES, FL
Zip
29 32778 30 US
Country

3. Date Incorporated or Qualified 01/01/1991
3a. Date of Last Report 05/01/1995
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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNSON, GREGORY LYNN
28725 S.R. 19
33832 TARAWOOD DR.
TAVARES FL 34788

81 Name Gregory Lynn Munson
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 Gregory Lynn Munson
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME DPV
STREET ADDRESS MUNSON, GREGORY LYNN
CITY-ST-ZIP 28725 S.R. 19
TAVARES FL
TITLE
NAME DTS
STREET ADDRESS MUNSON, PATRICIA
CITY-ST-ZIP 28725 SR 19
TAVARES FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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(3)(k), 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: Gregory Lynn Munson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/15/96 Daytime Phone:

CR2E034 (12/95)