

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -1 PM 4: 21

DOCUMENT # H11749 (9)
1. Corporation Name
MFM TRANSPORTATION COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
3300 SW 34TH AVE., STE 152 3300 SW 34TH AVE., STE 152
OCALA FL 34474-1487 Ocala FL 34474-1487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/10/1984 3a. Date of Last Report 03/21/1994
4. FEI Number 59-2562227 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 2a. Mailing Address
21 State, Apt. #, etc. 26 State, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 34474-4487 25 Country 29 34474-4487 30 Country

9. Name and Address of Current Registered Agent
WILKINSON, MICHAEL
3300 SW 34TH AVE. STE. 152
OCALA FL 34474

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1909, 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

12.1 TITLE	CDP
12.2 NAME	PALMER, W. M., JR.
12.3 STREET ADDRESS	3080 SW 53RD ST
12.4 CITY-ST-ZIP	OCALA FL
12.5 TITLE	D
12.6 NAME	EDGAR, ALLEN C.
12.7 STREET ADDRESS	2506 SW 9TH DRIVE
12.8 CITY-ST-ZIP	GAINESVILLE FL
12.9 TITLE	D
12.10 NAME	PALMER, MARGARET
12.11 STREET ADDRESS	1318 S.E. 8TH ST.
12.12 CITY-ST-ZIP	OCALA FL
12.13 TITLE	D
12.14 NAME	MUTSCHLER, JOHN G.
12.15 STREET ADDRESS	1212 W. 96TH ST., #2B
12.16 CITY-ST-ZIP	BLOOMINGTON, MN.
12.17 TITLE	S
12.18 NAME	GLANZER, DOROTHY
12.19 STREET ADDRESS	4220 SW 5TH AVENUE
12.20 CITY-ST-ZIP	OCALA FL
12.21 TITLE	TD
12.22 NAME	WILKINSON, MICHAEL W.
12.23 STREET ADDRESS	5155 SE 44TH AVE., RD
12.24 CITY-ST-ZIP	OCALA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
13.2 NAME	Harvey Radford	
13.3 STREET ADDRESS	2821 SW 36th Drive	
13.4 CITY-ST-ZIP	Ocala, FL 34474	
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY-ST-ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY-ST-ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(9)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my operations shall have the same legal effect as if made under oath. That I am an officer or director of the corporation, the receiver or liquidator empowered to conduct the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on any statement with an address.

SIGNATURE: Harvey Radford Harvey Radford 2/24/95
DATE: _____