

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 17 AM 10:39**

DOCUMENT # K51171 (2)

1. Corporation Name
T & M PROPERTIES, INC.

Principal Place of Business: **499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714**
Mailing Address: **499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|---|---------|---------------------|---------|--|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 | | 26 | | 12/14/1988 | 06/01/1994 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 22 | | 27 | | 65-0094754 | Not Applicable |
| City & State | | City & State | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 | | 28 | | <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 | 25 | 29 | 30 | <input type="checkbox"/> | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

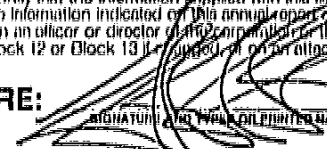
| | | | | | |
|---|--|--|--|---|-------------|
| HOLLINGSWORTH, GEORGE R, II 499 STATE ROAD 434 SUITE 2179 ALTAMONTE SPRINGS FL 32714 | | | | 81 Name | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | 83 | |
| | | | | 84 City | 85 Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOORE, B. J. | 1.2 NAME | |
| STREET ADDRESS | 499 ST. RD. 434 #2179 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 1.4 CITY-ST-ZIP | |
| TITLE | DV | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TATE, STANLEY G. | 2.2 NAME | |
| STREET ADDRESS | 499 ST. RD. 434 #2179 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 2.4 CITY-ST-ZIP | |
| TITLE | ST | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLLINGSWORTH, GEORGE R. | 3.2 NAME | George R. Hollingsworth, II |
| STREET ADDRESS | 499 ST RD 434 #2179 | 3.3 STREET ADDRESS | 499 State Road 434, Ste. 2179 |
| CITY-ST-ZIP | ALTAMONTE SPRINGS FL | 3.4 CITY-ST-ZIP | Altamonte Springs, FL 32714 |
| TITLE | | 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 | | 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 | | 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 do hereby certify that the information provided 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; and that I am 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 included on an attachment with an address.

SIGNATURE:  **George R. Hollingsworth, II** 3/13/95 407-862-9560
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone