

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified: **12/14/1988**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0094754**
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. Suite, Apt. #, etc.; 22. City & State; 23. Zip; 24. Country; 25. Country; 26. Mailing Address: 26. Suite, Apt. #, etc.; 27. City & State; 28. Zip; 29. Country; 30. Country

9. Name and Address of Current Registered Agent
**HOLLINGSWORTH, GEORGE R. II
499 STATE ROAD 434
SUITE 2179
ALTAMONTE SPRINGS FL 32714**

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

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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE: DP	NAME: MOORE, B. J.	1.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS: 499 ST. RD. 434 #2179	CITY-ST-ZIP: ALTAMONTE SPRINGS FL	1.2 NAME:	
TITLE: DV	NAME: TATE, STANLEY G.	1.3 STREET ADDRESS:	
STREET ADDRESS: 499 ST. RD. 434 #2179	CITY-ST-ZIP: ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP:	
TITLE: ST	NAME: HOLLINGSWORTH, GEORGE R III	2.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS: 499 ST RD 434 #2179	CITY-ST-ZIP: ALTAMONTE SPRINGS FL	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE:	NAME:	3.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE:	NAME:	4.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change <input type="checkbox"/> Additor <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
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(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 trustee 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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **2/22/96** Distric Phone #: **407-862-8500**

CR2E034 (12/95)