

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1988	
21 499 N. ST. RD. 434	26 499 N. ST. RD. 434	4. FEI Number 65-0094754		Applied For <input type="checkbox"/> Not Applicable	
22 SUITE 2179	27 SUITE 2179	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 ALTAMONTE SPRINGS, FL	28 ALTAMONTE SPRINGS, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 32714	25 SEMINOLE	29 32714	30 SEMINOLE	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 **HOLLINGSWORTH, GEORGE R, II**
 82 Street Address (P.O. Box Number is Not Acceptable)
499 N. ST. RD. 434
 83 **SUITE 2179**
 84 City **ALTAMONTE SPRINGS** **FL** 85 Zip Code **32714**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	MOORE, B. J.	
STREET ADDRESS	499 ST. RD. 434 #2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	TATE, STANLEY G.	
STREET ADDRESS	499 ST. RD. 434 #2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, GEORGE R III	
STREET ADDRESS	499 ST RD 434 #2179	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	499 N. ST. RD. 434, SUITE 2179
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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: _____ **GEORGE R. HOLLINGSWORTH, II** 1/28/98 (407) 862-9560

CR2E084 (10/97)