

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90001 042 ***150.00

DOCUMENT # **548532**

1. Corporation Name

E & M, INC.

0040/6 - 90001 - 42



Principal Place of Business
**5 S. MAIN ST.
P.O. BOX 2285
HIGH SPRINGS FL 32643-2285**

Mailing Address
**5 S. MAIN ST.
P.O. BOX 2285
HIGH SPRINGS FL 32643-2285**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1977

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1786250

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year
Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BENNETT, GARY I.
5 SOUTH MAIN STREET
HIGH SPRINGS FL 32643**

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 607.1508, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BENNETT, GARY I.**
STREET ADDRESS **5 SOUTH MAIN**
CITY-ST-ZIP **HIGH SPRINGS FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **STD** ☐ DELETE
NAME **BENNETT, MARILYN**
STREET ADDRESS **5 SOUTH MAIN**
CITY-ST-ZIP **HIGH SPRINGS FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

MAILED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/99

904-454-1717

Date Daytime Phone #

CR2E034 (5/99)

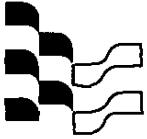
Western Auto

Associate Store

548532
604076-9000-42

Owned and Operated by
Gary & Marilyn Bennett

5 So. Main St.
P.O. Box 2285
High Springs, FL 32643



August 4, 1999

Divisions of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Attached you will find my corporate filing for 1999. I am asking that you please waive the \$400 late fee for the year 1999. We do not have record of ever receiving a first notice of filing. Also, my bookkeeper fell at our store and fractured both bones in her right leg in January 1998. She has had 6 surgeries, due to infection and other complications in the last year and has been in and out. We have all pulled together to do the best job possible with these extenuating circumstances. I am confident that had she been in at the time it is normally due she would have realized we had not received a report and contacted you office. She is back at work now and we should not run into these difficulties in the future.

I appreciate your consideration in this matter and look forward to a favorable reply.

Sincerely,

A handwritten signature in cursive script, reading "Marilyn W. Bennett".

Marilyn W. Bennett
Secretary