

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 408991 (8)

1. Corporation Name

M & R OF VOLUSIA, INC.



Principal Place of Business

EAST WASHINGTON STREET  
P.O. BOX 95  
PIERSON FL 32180-0095

Mailing Address

EAST WASHINGTON STREET  
P.O. BOX 95  
PIERSON FL 32180-0095

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

g. Name and Address of Current Registered Agent

HAGSTROM, RICHARD E.  
SOUTH TURNER RD.  
P.O. BOX 95  
PIERSON FL 32180

3. Date Incorporated or Qualified  
09/18/1972

3a. Date of Last Report  
03/09/1995

4. FEI Number

59-1802051

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

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 607.1508, 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 type for principal or registered agent and if applicable

(If FEI, Registered Agent signature required when not stated)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

PD  
HAGSTROM, MORRIS A.  
921 SOUTH HILL AVE.  
DELAND FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

V  
HAGSTROM, LOU ELLEN  
SOUTH TURNER ROAD  
PIERSON FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

SD  
HAGSTROM, RICHARD E.  
SOUTH TURNER ROAD  
PIERSON FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

T  
HAGSTROM, LORNA JEAN  
921 SOUTH HILL AVE  
DELAND FL

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 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:

*Richard Hagstrom*

RICHARD HAGSTROM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-96

Date

1-904-749-2521

Daytime Phone