

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).

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

08-11-1999 90001 042 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 548532

1. Corporation Name
E & M, INC.

6040/6 - 90001 - 42



DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified
10/05/1977

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

4. FEI Number
59-1786250

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 owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, GARY I.		1.2 NAME	
STREET ADDRESS 5 SOUTH MAIN		1.3 STREET ADDRESS	
CITY-ST-ZIP HIGH SPRINGS FL		1.4 CITY-ST-ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BENNETT, MARILYN		2.2 NAME	
STREET ADDRESS 5 SOUTH MAIN		2.3 STREET ADDRESS	
CITY-ST-ZIP HIGH SPRINGS FL		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: Marilyn Bennett **REQUIRED** 8/5/99 904-454-1717

CR2E034 (5/99)

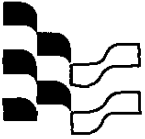
Western Auto

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,

Marilyn W. Bennett
Secretary