

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

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Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 581227

1. Corporation Name

MASTER'S MANAGEMENT? INC.
1424 CENTURY OAK DRIVE
OCOE, FL 34761-4025

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

08/01/1978

3a. Date of Last Report

04/01/1996

4. FEI Number

59-1825633

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GENE P. SMITH
1424 CENTURY OAK DRIVE
OCOE, FL 34761-4025

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 607.0602 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

12.1 TITLE

P/D

☐ DELETE

12.2 NAME

SMITH, GENE PAUL

12.3 STREET ADDRESS

1424 CENTURY OAK DRIVE

12.4 CITY-STATE-ZIP

OCOE, FL 34761-4025

12.5 TITLE

S/T/D

☐ DELETE

12.6 NAME

SMITH, MARGARET ELEANOR

12.7 STREET ADDRESS

1424 CENTURY OAK DRIVE

12.8 CITY-STATE-ZIP

OCOE, FL 34761-4025

12.9 TITLE

☐ DELETE

12.10 NAME

12.11 STREET ADDRESS

12.12 CITY-STATE-ZIP

☐ DELETE

12.13 NAME

12.14 STREET ADDRESS

12.15 CITY-STATE-ZIP

☐ DELETE

12.16 NAME

12.17 STREET ADDRESS

12.18 CITY-STATE-ZIP

☐ DELETE

12.19 NAME

12.20 STREET ADDRESS

12.21 CITY-STATE-ZIP

☐ DELETE

12.22 NAME

12.23 STREET ADDRESS

12.24 CITY-STATE-ZIP

13.1 TITLE

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY-STATE-ZIP

21.1 TITLE

21.2 NAME

21.3 STREET ADDRESS

21.4 CITY-STATE-ZIP

31.1 TITLE

31.2 NAME

31.3 STREET ADDRESS

31.4 CITY-STATE-ZIP

41.1 TITLE

41.2 NAME

41.3 STREET ADDRESS

41.4 CITY-STATE-ZIP

51.1 TITLE

51.2 NAME

51.3 STREET ADDRESS

51.4 CITY-STATE-ZIP

61.1 TITLE

61.2 NAME

61.3 STREET ADDRESS

61.4 CITY-STATE-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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***165.00

14. I declare under penalty that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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. 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 on Block 12 or Block 13. I changed or on an attachment with an address.

SIGNATURE:

Gene P. Smith, Pres.

Gene P. Smith

MARCH 31, 1997

(407)295-5257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)