

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

CORPORATION
ANNUAL REPORT
1995



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

SECRET FILED
DIVISION OF STATE
55 FEB 14 AM 11:49

DOCUMENT # 632942

(9)

1. Corporation Name

M & T CONSTRUCTION CO., INC.

Principal Place of Business		Mailing Address	
922 DENTON BLVD SUITE 1 FT WALTON BEACH FL 32547-1669		922 DENTON BLVD SUITE 1 FT WALTON BEACH FL 32547-1669	
2. Principal Place of Business: 21 Suite, Apt. #, etc		2a. Mailing Address 26 Suite, Apt. #, etc	
22 City & State		27 City & State	
Zp	Country	Ap	Country
24	25	29	30

9. Name and Address of Current Registered Agent

YOUNG, T. L.
17 SHADY LANE
MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/16/1979 3a. Date of Last Report
07/01/1994

4. File Number
59-1935289 Applied For
 Not Application

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

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

7. 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 607.0902 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 607.0906, Florida Statutes.

SIGNATURE:

Signature of Registered Agent or Designated Officer or Director

Date: **2/9/95** Signature date or date of last report

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. OFFICE NAME STREET ADDRESS CITY ST ZIP	1. OFFICE 1 NAME 1 STREET ADDRESS 1 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. OFFICE NAME STREET ADDRESS CITY ST ZIP	2. OFFICE 2 NAME 2 STREET ADDRESS 2 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. OFFICE NAME STREET ADDRESS CITY ST ZIP	3. OFFICE 3 NAME 3 STREET ADDRESS 3 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. OFFICE NAME STREET ADDRESS CITY ST ZIP	4. OFFICE 4 NAME 4 STREET ADDRESS 4 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. OFFICE NAME STREET ADDRESS CITY ST ZIP	5. OFFICE 5 NAME 5 STREET ADDRESS 5 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. OFFICE NAME STREET ADDRESS CITY ST ZIP	6. OFFICE 6 NAME 6 STREET ADDRESS 6 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. OFFICE NAME STREET ADDRESS CITY ST ZIP	7. OFFICE 7 NAME 7 STREET ADDRESS 7 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I declare under penalty of perjury that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(e), Florida Statutes. Further, 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. I am an officer or director of the corporation or the recorder or broker 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 is attached with an addendum.

SIGNATURE: *Miller Young*
Signature and Title or Position Name of Registered Officer or Director

2/9/95 **904 244 2043**
Telephone Number