
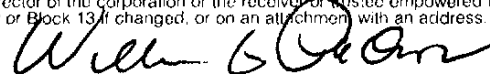


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
Jul 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 686817</b> 1. Corporation Name M, L & P, INC.			
Principal Place of Business 1160 SEAWAY DRIVE FORT PIERCE, FL 34949		Mailing Address 1160 SEAWAY DRIVE FORT PIERCE, FL 34949	
2. Principal Place of Business 21 1160 SEAWAY DRIVE Suite, Apt. #, etc. 22		2a. Mailing Address 26 1160 SEAWAY DRIVE Suite, Apt. #, etc. 27	
City & State 23 FORT PIERCE, FL Zip 24 34949		City & State 28 FORT PIERCE, FL Zip 29 34949	
Country 25 ST. LUCIE		Country 30 ST. LUCIE	
9. Name and Address of Current Registered Agent PADRICK, WILLIAM G., III 2601 LAZY HAMMOCK ROAD FORT PIERCE, FL 34982		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D NAME STREET ADDRESS CITY-ST-ZIP	WILLIAM R. PADRICK LAZY HAMMOCK LANE FORT PIERCE, FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE PDST 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	WILLIAM G. PADRICK, III 1160 SEAWAY DRIVE FORT PIERCE, FL 34949 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD NAME STREET ADDRESS CITY-ST-ZIP	PADRICK, TERESA LAZY HAMMOCK LANE FORT PIERCE, FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	WATKINS, CINDI LAZY HAMMOCK LANE FORT PIERCE, FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAIT, BARRY LAZY HAMMOCK LANE FORT PIERCE, FL <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition ce 7/28
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	600002252178 -07/30/97--01014--041 ***550.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I do 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: 		JULY 23, 1997	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR WILLIAM G. PADRICK, III		Date Daytime Phone #	

CR2E034 (9/96)