FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **696650** **(1)**

1. Corporation Name

MARKETING & MANAGEMENT CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
736 6TH STREET WEST TIERRA VERDE FL 33715	736 6TH STREET WEST TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/29/1981**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: **59-2112118** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

6 = $30.50

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	BAKER, BILLIE P	12 NAME	
STREET ADDRESS	736 6TH STREET WEST	13 STREET ADDRESS	
CITY-ST-ZIP	TIERRA VERDE FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	IRVIN, GARY	22 NAME	
STREET ADDRESS	2510 N.W. 2ND CREEK ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	SMITHVILLE MO	24 CITY-ST-ZIP	
TITLE	PTD	31 TITLE	☐ Change ☐ Addition
NAME	BAKER, CORLOS F	32 NAME	
STREET ADDRESS	736 6TH STREET WEST	33 STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	CHOMKO, RONALD P.	42 NAME	
STREET ADDRESS	2508 SOUTH COUNTY ROAD; #15	43 STREET ADDRESS	
CITY-ST-ZIP	BRTYHOUD CO	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MICHAEL, J	52 NAME	
STREET ADDRESS	24 ARROWHEAD RD	53 STREET ADDRESS	
CITY-ST-ZIP	LITCHFIELD IL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 the 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: Carlos F. Baker 5-1-95 (813)866-6363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0311897 CP