

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

FILED
Feb 10 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 # F07539

(2)

1. Corporation Name
I.T.M.M., INC.



Principal Place of Business

RT 318, EAST OF RT 441
PO BOX 197
ORANGE LAKE FL 32681

Mailing Address

RT 318, EAST OF RT 441
PO BOX 197
ORANGE LAKE FL 32681

2. Principal Place of Business

21 4472 N. E. 4th Street

Suite, Apt. #, etc.

22

City & State

23 Ocala, Florida

Zip

24 34470

Country

25 U.S.

2a. Mailing Address

26 4472 N. E. 4th Street

Suite, Apt. #, etc.

27

City & State

28 Ocala, Florida

Zip

29 34470

Country

30 U.S.

3. Date Incorporated or Qualified

11/18/1980

3a. Date of Last Report

01/25/1996

4. FEI Number

59-2049507

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

YATES, DOUGLAS D
RT 318 EAST OF RT 441
ORANGE LAKE FL 32681

10. Name and Address of New Registered Agent

81 Name

Lois C. Yates

82

Street Address (P.O. Box Number is Not Acceptable)

4472 N. E. 4th Street

83

84

City
Ocala

FL

85 Zip Code
34470

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

Lois C. Yates

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-97

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME YATES, DOUGLAS D
STREET ADDRESS RT 318 EAST OF RT 441
CITY-ST-ZIP ORANGE LAKE, FL 00000

TITLE SD ☐ DELETE

NAME YATES, LOIS C
STREET ADDRESS RT 318 EAST OF RT 441
CITY-ST-ZIP ORANGE LAKE, FL 00000

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P,V,S,T,D ☒ Change ☐ Addition

1.2 NAME Lois C. Yates
1.3 STREET ADDRESS 4472 N. E. 4th Street
1.4 CITY-ST-ZIP Ocala, Florida 34470

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Lois C. Yates PRESIDENT

1/27/97 352624-2120

CR2E034 (9/96)