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

95 MAY -1 AM 10:30

TALLAHASSEE, FLORIDA

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-05/30/95--01024--003
****200.00 ****200.00

DOCUMENT # F29249 (2)

1. Corporation Name

MMM CONSTRUCTION SERVICES OF SARASOTA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5224 SIESTA COVE DR PO BOX 45218 SARASOTA FL 34277-1218	5224 SIESTA COVE DR PO BOX 45218 SARASOTA FL 34277-1218

3. Date Incorporated or Qualified: 04/13/1981
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business 21 4223 Southwell Way	2a. Mailing Address 26 PO Box 45218
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34241 Country 25 USA	Zip 29 34277 Country 30 USA

4. FEI Number: 59-2090322 ☐ 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 [illegible] for purposes [illegible] Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARCUS, MICHAEL M
5224 SIESTA COVE DR
SARASOTA FL 34242

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4223 Southwell Way
83
84 City: Sarasota FL 85 Zip Code: 34241

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 [illegible] (If changing Registered Agent, Registered Agent must sign) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☒ Change ☐ Addition
NAME	MARCUS, MICHAEL M	12 NAME	
STREET ADDRESS	5224 SIESTA COVE DR	13 STREET ADDRESS	4223 Southwell Way
CITY ST ZIP	SARASOTA FL	14 CITY ST ZIP	Sarasota, FL 34241
TITLE	VSD	21 TITLE	☒ Change ☐ Addition
NAME	MARCUS, MICHELLE M	22 NAME	
STREET ADDRESS	5224 SIESTA COVE DR	23 STREET ADDRESS	4223 Southwell Way
CITY ST ZIP	SARASOTA FL	24 CITY ST ZIP	Sarasota, FL 34241
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michelle M. Marcus V.P. 4-17-95 813-922-5024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485000 FP