

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 AM 11:48

DOCUMENT # **F92000000652 (9)**

1. Corporation Name

M & M INVESTMENT CORPORATION

Principal Place of Business

3695 SAWGRASS DR
TITUSVILLE FL 32780
US

Mailing Address

3695 SAWGRASS DR
TITUSVILLE FL 32780
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/30/1992

3a. Date of Last Report

04/28/1994

4. FEI Number

54-0970534

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$9.75 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

2. Principal Place of Business

21 570 W. Willowgreen Ln

2a. Mailing Address

26 570 Willowgreen Ln

State, Apt. #, etc.

State, Apt. #, etc.

22 City & State

23 Titusville, FL.

27 City & State

28 Titusville, FL.

Zip

24 32780

Country

25 UNITED STATES

Zip

29 32780

Country

30 UNITED STATES

9. Name and Address of Current Registered Agent

GARCIA, MANUEL F
3695 SAWGRASS DR
TITUSVILLE FL 32780

81 Name

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

570 W. Willowgreen Lane

83

84 City

Titusville

FL

85

Zip Code

32780

10. Name and Address of New Registered Agent

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, 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

[Signature]

3/20/95

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	GARCIA, MANUEL F
STREET ADDRESS	2063 ASCOT RD #218
CITY, ST, ZIP	MORACA CA
TITLE	VCST
NAME	GARCIA, GINA M
STREET ADDRESS	45L REDHILL CIRCLE
CITY, ST, ZIP	TIBURON CA 94920
TITLE	VD
NAME	GARCIA, MICHAEL F
STREET ADDRESS	2063 ASCOT RD #218
CITY, ST, ZIP	MORACA CA
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	570 Willowgreen Lane
1.4 CITY, ST, ZIP	Titusville, FL. 32780
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	2063 Ascot Rd. - #218
2.4 CITY, ST, ZIP	MORACA, CA. 94556
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 is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(2)(b), 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 of the recorder 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 as an attachment with an address.

SIGNATURE:

[Signature]

3/20/95

4073830367