


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

FILED

Jan 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G72904 (7)					
1. Corporation Name: M & M ELECTRIC, INCORPORATED					
Principal Place of Business 11036 SW 128TH AVE. DUNNELLON FL 34432 US			Mailing Address 11036 SW 128TH AVE. DUNNELLON FL 34432-5431 US		
2. Principal Place of Business 21 10876 SW 91ST AVE Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/08/1983	
22 City & State 23 OCALA, FL		27 City & State 28		3a. Date of Last Report 01/26/1996	
24 Zip 34481		25 Country MARION		4. FEI Number 59-2351405	
9. Name and Address of Current Registered Agent MANNING, WILLIAM L. 11036 SW 128TH AVE. DUNNELLON FL 34432		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		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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: <u>N-A</u>					
Signature, typed or printed name of registered agent, if filed applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNING, WILLIAM L.		1.2 NAME		
STREET ADDRESS	11036 SW 128TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		1.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNING, MARY KIM		2.2 NAME		
STREET ADDRESS	11036 128TH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNING, JOHN W.		3.2 NAME		
STREET ADDRESS	11036 128TH AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		3.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MANNING, MARJORIE E.		4.2 NAME		
STREET ADDRESS	11036 SW 128TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	DUNNELLON FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: <u>William L. Manning</u> - PRESIDENT 1-8-97 352/854-8338 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)