

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G80454 (3)

1. Corporation Name
MFM INDUSTRIES, INC.



Principal Place of Business
**3300 S.W. 34TH AVE #152
OCALA FL 34474-4487
US**

Mailing Address
**3300 S.W. 34TH AVE #152
OCALA FL 34474-4487
US**

3. Date Incorporated or Qualified
01/25/1984

3a. Date of Last Report
03/01/1995

4. FEI Number
59-2473569

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

2. Principal Place of Business
21 ☐ Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 ☐ Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**WILKINSON, MICHAEL
3300 SW 34TH AVE. STE. 152
OCALA FL 34474**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, W.M., JR.	1.2 NAME	
STREET ADDRESS	3080 SW 53RD ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGAR, ALLEN C.	2.2 NAME	
STREET ADDRESS	2506 SW 9TH DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, MARGARET	3.2 NAME	
STREET ADDRESS	1318 S.E. 8TH ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTSCHLER, JOHN G.	4.2 NAME	
STREET ADDRESS	1212 W. 96TH ST., #2B	4.3 STREET ADDRESS	
CITY - ST - ZIP	BLOOMINGTON MN	4.4 CITY - ST - ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANZER, DOROTHY	5.2 NAME	
STREET ADDRESS	4220 SW 5TH AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	5.4 CITY - ST - ZIP	
TITLE	TD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILKINSON, MICHAEL W.	6.2 NAME	
STREET ADDRESS	5155 SE 44TH AVE., RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	OCALA FL	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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

352-854-0070

Date

Daytime Phone

CR2E034 (12/95)