

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

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G80455** (0)  
1. Corporation Name  
**MFM INVESTMENTS, INC.**

Principal Place of Business <b>3300 S.W. 34TH AVE., STE 152 OCALA FL 34474-4487 US</b>	Mailing Address <b>3300 S.W. 34TH AVE., STE 152 OCALA FL 34474-4487 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>01/25/1984</b>	
4. FEI Number <b>59-2475333</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21 3233 S.W. 33rd Road</b> Suite, Apt. #, etc. <b>22 Suite 201</b> City & State <b>23 Ocala, Florida</b> Zip <b>24 34474-7459</b>	2a. Mailing Address <b>25 P. O. Box 367</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Ocala, Florida</b> Zip <b>29 34478</b>	Country <b>26 US</b>	Country <b>30 Marion</b>
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9. Name and Address of Current Registered Agent <b>WILKINSON, MICHAEL W. 3300 S.W. 34TH AVE., STE 152 OCALA FL 34474</b>	10. Name and Address of New Registered Agent <b>81 Name Whitfield M. Palmer, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 3233 S.W. 33rd Road 83 Suite 201 84 City Ocala FL 85 Zip Code 34474</b>
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11. Pursuant to the provisions of Sections 607.0102 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 *Whitfield M. Palmer, Jr.* **Whitfield M. Palmer, Jr.** **2/2/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>CPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMER, W.M., JR.</b>		1.2 NAME	
STREET ADDRESS <b>3080 SW 53RD ST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		1.4 CITY-ST-ZIP <b>Ocala, Florida 34474</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EDGAR, ALLEN C.</b>		2.2 NAME	
STREET ADDRESS <b>8906 SW 9TH DRIVE</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>PALMER, MARGARET</b>		3.2 NAME	
STREET ADDRESS <b>1318 S.E. 8TH ST.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		3.4 CITY-ST-ZIP <b>Ocala, Florida 34471</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MUTSCHLER, JOHN G.</b>		4.2 NAME	
STREET ADDRESS <b>1212 W. 98TH ST., #2B</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>BLOOMINGTON MN</b>		4.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GLANZER, DOROTHY</b>		5.2 NAME	
STREET ADDRESS <b>4220 SW 5TH AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		5.4 CITY-ST-ZIP <b>Ocala, Florida 34474</b>	
TITLE <b>PTD</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WILKINSON, MICHAEL W.</b>		6.2 NAME	
STREET ADDRESS <b>5155 SE 44TH AVE., RD.</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>OCALA FL</b>		6.4 CITY-ST-ZIP	

14. I 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.

*Dorothy Glanzer*  
**Dorothy Glanzer**

CR2E034 (10/97)