

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 # H10088

(3)

1. Corporation Name

MFM ENVIRONMENTAL COMPANY



Principal Place of Business

3300 S.W. 34TH AVENUE. STE. 152  
OCALA FL 34474-4487  
US

Mailing Address

3300 S.W. 34TH AVENUE. STE. 152  
OCALA FL 34474-4487  
US

3. Date Incorporated or Qualified

06/27/1984

3a. Date of Last Report

03/01/1995

4. FEI Number

59-2473572

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

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 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

FL

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPD  
NAME PALMER, W. M., JR.  
STREET ADDRESS 3080 SW 53RD ST  
CITY-STATE-ZIP Ocala FL

TITLE D  
NAME EDGAR, ALLEN C.  
STREET ADDRESS 2508 SW 9TH DRIVE  
CITY-STATE-ZIP Gainesville FL

TITLE D  
NAME PALMER, MARGARET  
STREET ADDRESS 1318 S.E. 8TH ST.  
CITY-STATE-ZIP Ocala FL

TITLE D  
NAME MUTSCHLER, JOHN G.  
STREET ADDRESS 1212 W. 96TH ST., #2B  
CITY-STATE-ZIP BLOOMINGTON MN

TITLE S  
NAME GLANZER, DOROTHY  
STREET ADDRESS 4220 SW 5TH AVENUE  
CITY-STATE-ZIP Ocala FL

TITLE TO  
NAME WILKINSON, MICHAEL W.  
STREET ADDRESS 5155 SE 44TH AVE., RD.  
CITY-STATE-ZIP Ocala FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP ☐ Change ☐ Addition

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

Date

352-854-0070

Daytime Phone #

CR2E034 (12/95)