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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 24 1998 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

Principal Place of Business

CITY-ST-ZIP

NAME STREET ADDRESS J70046

(4)

Mailing Address

M & D ENTERPRISES OF CLEARWATER, INC.

3171 SAN JOSE ST. CLEARWATER FL 34619		3171 SAN JOSE ST. CLEARWATER FL 34619		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					04/27/1987			
		2a. Mailing Address	ess) had 1 to 1		Applied For	
21	U_sta	26			59-2839277		Vot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 337	159 Country	70	30 Pine	Ins	8. This corporation owes or has paid the cu	rrent year l		
24 00,	g. Name and Address of Curre	A 4 4 4 1 4 4 1	30 1 17	1100	10. Name and Address of New Registered			
W	ATKINS, CARL T. CPA		81	Name				
73		82	Charach Andria	ess (P.O. Box Number is Not Acceptable)				
SU		62	Street Addr	ess (P.O. Box Number is Not Acceptable)				
	MPA FL 33634		83					
,,,			84	City		05 7.	Code	
			184	City	FL	85 Zip -	Code	
SIGNATURE		AND DIRECTORS	OTE Registered Agent	signaturo require	ed when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN			
TITLE	PD	☐ DELETE	1.1 TITLE	- 1		Change	Addition	
NAME	HAHN, DALE F.		1.2 NAME	1				
STREET ADDRESS	3171 SAN JOSE ST.		1.3 STREET A	DDRESS				
CITY-ST-ZIP	CLEARWATER FL		1.4 CITY - ST-	ZIP		T-1.		
TITLE	SD	☐ DELETE	2.1 TITLE	1		Change	Addition	
NAME	HAHN, MARSHA L.		2.2 NAME					
STREET ADDRESS	3171 SAN JOSE ST. CLEARWATER FL		2.3 STREET A	1	,			
CITY-ST-ZIP TITLE	OLEANITAIEN FL	DELETE	2.4 CITY - ST 3.1 TITLE	- ZIP		Change	Additio	
NAME		E otter	3.7 THEE 3.2 NAME	}		- Crange	L Addition	
STREET ADDRESS			3.3 STREET A	DDRESS				
CITY-ST-ZIP			3.4. CITY-ST					
TITLE		DELETE	4.1 TITLE	- "		Change	Additio	
NAME			4.2 NAME	1		- •	-	
STREET ADDRESS			4,3 STREET A	DORESS				
City-St-ZIP	· ·		1	- 1				
			4.4 CITY - ST-	ZIP 1				
TITLE		DELETE	5.1 TITLE	ZIP		Change	Additio	
TITLE NAME		DELETE		ZIP		Change	Additio	

Itereby 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 attachinent with an address

PIGNATURE:

MALAIA

MARSHG L. HANN 4/18/98 8/13-72.5-4565

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

DELETE