May 06, 1999 8:00 am Secretary of State

05-06-1999 90161 034 ***150.00

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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K30680

1. Corporation Name

Principal Place of Business

M & M SURPLUS BUILDING SUPPLIES, INC.

% JERRI MULLE		% JERRI MULLER						
12550 SE HWY			12550 SE HWY 441		DO NOT WRITE IN THIS SPACE			
BELLEVIEW FL 34420 US BELLEVIEW FL 34420 US					3. Date Incorporated or Qualifed			
US		00			08/08/1988			
2. Principal Pl	ace of Business	2a. Mailing Address		_	4. FEI Number	A	oplied For	
21		26			59-2912510	N	ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$9.75 Additional		Additional	
22		27	<u> </u>		5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State		6. Election Campaign Financing		May Be	
23		28			Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Co		Country	1	8. This corporation owes the current year Intangible			
24	25 29 30				Personal Property Tax. Yes No			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
			81	Name				
MULI		82	Stroot Add	dress (P.O. Box Number is Not Acceptable)				
1255	0 SE HWY 441		02	Sileer Auc	dress (F.O. Dox Hamber is Not Acceptable)			
BELL	EVIEW FL 34420		83	1				
			84	City		85 Zip	Code	
				' '	FI	_ '		
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	, the abov	e-named cor	rporation submits this statement for the purpose of	f changing its	s registered	
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was aut	norizea di	the corporat	tion's board of directors. I hereby accept the appoint	ointment as re	egistered	
agent. i ai	m familiar with, and accept the oblig	ladens of, Section 607.0505, Florid	ia Statute.	>.				
SIGNATURE	Signature, typed or printed name of registered ag	east and title if applicable (NOTE: R	egistered Age	nt signature requir	(red when reinstating) DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	P	□ DELETE	1.1 TITLE			☐ Change	Addition	
1	•		1.2 NAME	}			_	
NAME	MULLER, A J			TADDRESS			1	
STREET ADDRESS	12550 SE HWY 441		1				- 1	
CITY-ST-ZIP	BELLEVIEW FL 34420		1.4 CITY-5	ST- ZIP		☐ Change	☐ Addition	
TITLE	VST	☐ DELETE	2.1 TITLE					
NAME	MULLER, JERRI		2.2 NAME					
STREET ADDRESS	12550 SE HWY 441		2.3 STREE	T ADDRESS			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
CITY-ST-ZIP	BELLEVIEW FL 34420		2. 4 CITY-	ST-ZIP				
TITLE		☐ DELETE 3.1 T				☐ Change	Addition	
NAME			3.2 NAME	{			}	
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME				İ	
STREET ADDRESS			4 3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-1	ST-ZIP			}	
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
			5.2 NAME	ļ			ļ	
NAME			1	T ADDRESS			ľ	
STREET ADDRESS			5.4 CITY-				ſ	
CITY-ST-ZIP		□ DELETE	6.1 TITLE			☐ Change	Addition	
TITLE		(_ UELEIE	6.2 NAME			Shange		
NAME								
STREET ADDRESS			4	ET ADDRESS			J	
CITY-ST-ZIP			6.4 CITY-	ST-ZIP				

SIGNATURE:

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, with all other like empowered.