FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 PM 1:54

DOCUMENT # **K48079** **(3)**

1. Corporation Name

THE M OPERATING COMPANY, INC.

Principal Place of Business	Mailing Address
243 ARLINGTON RD., SUITE 2-A P. O. BOX 8781 (ZIP 32239) JACKSONVILLE FL 32211	243 ARLINGTON RD., SUITE 2-A P. O. BOX 8781 (ZIP 32239) JACKSONVILLE FL 32211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1988
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 1419 Whitlock Avenue	26 1419 Whitlock Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville, Fl.	City & State 28 Jacksonville, Fl.
Zip 24 32211 Country 25 Duval	Zip 29 32211 Country 30 Duval

4. FEI Number: 59-2922837 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MICHELIS, A. N. 243 ARLINGTON RD., SUITE 2-A JAKSONVILLE FL 32211	01 Name: MICHELIS, A. N. 02 Street Address (P.O. Box Number is Not Acceptable): 1419 Whitlock Avenue 03 04 City: Jacksonville FL 05 Zip Code: 32211

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PT	1.1 TITLE	PT	☒ Change ☐ Addition
NAME	MICHELIS, A. N.	1.2 NAME	MICHELIS, A. N.	
STREET ADDRESS	243 ARLINGTON RD., #2-A	1.3 STREET ADDRESS	1419 Whitlock Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Fl. 32211	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	LIGHT, MARGARET A.	2.2 NAME	LIGHT, MARGARET A.	
STREET ADDRESS	243 ARLINGTON RD., #2-A	2.3 STREET ADDRESS	1419 Whitlock Avenue	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, Fl. 32211	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: Margaret A. Light 1/19/95 904-744-6565
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Margaret A. Light

0017142 CP