## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Jul 19, 1999 8:00 am Secretary of State

07-19-1999 90006 005 \*\*\*150.00

| DOCUMENT # | K661 | 22 |
|------------|------|----|
|            |      |    |

M & M HOMES, INC.

| Data da al Dia a                               | f D:                            | _                                   | 6.4  | £ A J J                                 |               |   |                            |  |
|--|---------------------------------|-------------------------------------|--|---|---------------|---|----------------------------|--|
| Principal Place of Business Mailing Address    |                                 |                                     |  |   |               |   |                            |  |
| M & M HOMES, INC M & M HOMES, INC              |                                 |                                     |  |   |               |   |                            |  |
| 1304 Capital Circle NW<br>Tallahassee FL 32304 |                                 |                                     | 1304 CAPITAL CIRCLE NW<br>TALLAHASSEE FL 32304 |   |               |   | DO NOT WRITE IN THIS SPACE |  |
| US   | FL 32304                        |                                     | US   | INTRODUCT IL DESC                       | ~             |   |                            | 3. Date Incorporated or Qualified  |
|  |                                 |                                     |  |   |               |   |                            | 02/16/1989   |
| 2 Principal P                                  | lace of Busin                   | ness                                | 2a.  | Mailing Address                         |               |   |                            | 4. FEI Number Applied For  |
| 2. Principal Place of Business                 |                                 | 26                                  |  |   |               |   | 59-2943364 Not Applicable  |  |
| Suite, Apt. #, etc.                            |                                 |                                     | Suite, Apt. #, etc.                            |   |               |   | S8.75 Additional           |  |
| 22 27  |                                 | dane, ripa ir, oto.                 |  |   |               | 5. Certificate of Status Desired Fee Required |                            |  |
| City & State                                   | e                               |                                     |  | City & State                            |               |   | _                          | 6. Election Campaign Financing \$5.00 May Be   |
| 23   |                                 |                                     | 28   | •                                       |               |   |                            | Trust Fund Contribution Added to Fees  |
| Zip  |                                 | Country                             | <del></del>                                    | Zip                                     | Country       |   |                            | 8. This corporation owes the current year  |
| 24   |                                 | 25                                  | 29   |   | 30            |   |                            | Intangible Personal Property. X Yes No   |
|  | 9. Name                         | and Address of Current              | Registe  | ered Agent                              |               |   |                            | 10. Name and Address of New Registered Agent   |
|  |                                 |                                     |  |   |               | 81  | Name                       |  |
|  | ITIN, HARR                      |                                     |  |   |               | 82  | Stroot A                   | ddress (P.O. Box Number is Not Acceptable)   |
| 1304   | CAPITAL                         | CIRCLE NW                           |  |   |               | 82  | Street At                  | duress (P.O. Box Number is Not Acceptable)   |
| TALL   | <b>LAHASSEE</b>                 | FL 32304                            |  |   |               | 83  |                            |  |
|  |                                 |                                     |  |   |               | L.  |                            |  |
|  |                                 |                                     |  |   |               | 84  | City                       | FL 85 Zip Code   |
| 11. Pursuant                                   | to the oravis                   | sions of sections 607 0502          | and 607  | 7 1508 Florida Sta                      | itutes the al |   | named cor                  | rporation submits this statement for the purpose of changing its registered  |
| office or I                                    | registered ac                   | ent or both in the State            | of Florida                                     | a. Such change w                        | as authorize  | d by  | the corpor                 | ration's board of directors. I hereby accept the appointment as registered   |
| agent. I a                                     | am familiar w                   | vith, and accept the obligation     | tions of,                                      | section 607.0505                        | , Florida Sta | itutes  | 3.                         |  |
| SIGNATURE                                      | Signature, typed                | or printed name of registered agent | and title if s                                 | applicable                              | (NOTE: Regist | A here  | gent signature             | required when reinstating) DATE  |
| 12.  | Olgridiano, typou               | OFFICERS AND                        |  |   | 13.           |   | gont orginal               | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  |
| TITLE  | Р                               |                                     |  | DELETE                                  |               |   |                            | Change Addition  |
| NAME   | MARTIN,                         | HARRY T                             |  |   |               | AME   |                            |  |
| STREET ADDRESS                                 |                                 | DRRINGTON DRIVE                     |  |   |               |   | ADDRESS                    |  |
| CITY-ST-ZIP                                    | i                               | SSEE FL 32308                       |  |   |               | ITY-ST  |                            |  |
| TITLE  | MELMIN                          | 0022 1 2 02000                      |  | DELETE                                  |               |   |                            | Change Addition  |
| NAME   |                                 |                                     |  |   | 2.2 N         |   |                            | Shange reduce.   |
| STREET ADDRESS                                 |                                 | -                                   |  |   | 1             |   | ADDRESS                    | and the second s |
| ļ  |                                 |                                     |  |   |               | ITY-ST  |                            |  |
| CITY-ST-ZIP<br>TITLE                           |                                 |                                     |  | DELETE                                  |               |   | -217                       | Change Addition  |
| NAME   |                                 |                                     |  | L.J DELETE                              | 3.2 N         |   |                            | Shange Addition  |
| 1  |                                 |                                     |  |   |               |   | ADDRESS                    |  |
| STREET ADDRESS                                 |                                 |                                     |  |   |               |   |                            |  |
| CITY-ST-ZIP<br>TITLE                           |                                 |                                     |  |   |               | ITY-ST  | -LIP                       | Change Addition  |
| }  |                                 |                                     |  | DELÉTE                                  | 4.11<br>4.2 N |   |                            | Change Addition  |
| NAME   |                                 |                                     |  |   |               |   | ADDOCCO                    |  |
| STREET ADDRESS                                 |                                 |                                     |  |   |               |   | ADDRESS                    |  |
| CITY-ST-ZIP                                    |                                 |                                     |  | <u> </u>                                |               | ITY-ST  | -LIP                       |  |
| TITLE  |                                 |                                     |  | DELETE                                  |               |   |                            | Change Addition  |
| NAME   |                                 |                                     |  |   | 5.2 N         |   | ADDDESS                    |  |
| STREET ADDRESS                                 |                                 |                                     |  |   |               |   | ADDRESS                    |  |
| CiTY-ST-ZIP                                    | <u> </u>                        |                                     |  |   |               | ITY-ST  | -ZIP                       |  |
| TITLE  |                                 |                                     |  | ☐ DELETE                                |               |   | ļ                          | Change Addition  |
| NAME   |                                 |                                     |  |   | 6.2 N         |   |                            |  |
| STREET ADDRESS                                 |                                 |                                     |  |   |               |   | ADDRESS                    |  |
| CITY-ST-ZIP                                    |                                 | information grantled and            | hia fiii                                       | door not                                |               | ITY-ST  |                            | postion 110 07/3\(ii) Elorida Statutos I further andifu that the information   |
| indicated of<br>an officer of                  | on this annua<br>or director of | il report or supplemental a         | nnual re<br>eiver or                           | eport is true and a<br>trustee empowere | ccurate and   | that  | my signatu                 | section 119.07(3)(i), Florida Statutes. I further certify that the information<br>ure shall have the same legal effect as if made under oath; that I am<br>required by Chapter 607, Florida Statutes; and that my name appears   |

**SIGNATURE:** 

893-1520

590294-9006-5 \$66122



July 7, 1999

Department of State Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

I am writing this letter requesting that the late fee for filing our annual report be waived. Your office informed me that first requests are sent out sometime in February, but for some reason our secretary did not receive it.

Thank you for your consideration in this matter. Please inform me of your decision.

Sincerely,

1304 Capital Circle NW (904) 575-0628

Tallahassee, FL 32304 Fax: (904) 576-0968