

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

FILED

Apr 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K71058

(7)

1. Corporation Name:

M & M INVESTMENTS OF FLAGLER BEACH, INC.

Principal Place of Business:

23 OCEAN PALM VILLAS N  
FLAGLER BEACH FL 32136

Mailing Address:

23 OCEAN PALM VILLAS N  
FLAGLER BEACH FL 32136

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1989

4. FEI Number

59-2949411

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

JOHNSON, RONALD N.  
412 SOUTH CENTRAL AVENUE  
FLAGLER BEACH FL 32136

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 607.0501, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

(If Not Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

PD  
MUDIE, BETTE M.  
23 OCEAN PALM VILLAS N  
FLAGLER BEACH FL 32136

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

STD  
MCNEIL, ALISTIR  
1162 KATHLEEN CT.  
CAMBRIDGE "P", ONTARIO CAN. FL 32136

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

TITLE  
NAME

STREET ADDRESS  
CITY-STATE-ZIP

☐ DELETE

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.

SIGNATURE:

Bette M. Mudie (BETTE M. MUDIE)

April 14/98 (9am) 439-0960

CR2E034 (10/97)