

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K80435 (6)

1. Corporation Name
MGM MFG CO.



Principal Place of Business

Mailing Address

**5005 MIDAS AVE
PENSACOLA FL 32526-1015**

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PENSACOLA FL 32526-1015**

3. Date Incorporated or Qualified **04/14/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **1395 GREEN ST.** 26 **1395 GREEN ST.**

4. FEI Number **59-2179776** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 **PEN- FL.** 28 **PEN, FL.**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

24 **32505** 25 **ESC.** 29 **32505** 30 **ESC.**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, MICHAEL M.
5005 MIDAS AVE
PENSACOLA FL 32506**

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, MICHAEL G.	
STREET ADDRESS	5005 MIDAS AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, KATHRYN M.	
STREET ADDRESS	5005 MIDAS AVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(k), 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96 **904 434-1041**
Date Daytime Phone #

CR2E034 (12/95)