

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

**APPROVED
AND
FILED**

SEAL - 1 MAY 12 1995

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
JENNIFER H. MONTGOMERY
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07417 (3)

1. Corporation Name

M & M ENTERPRISES OF PENSACOLA, INC.

Principal Place of Business

Mailing Address

**% MARTIN A. MARINI
940 CANDLESTICK DR
PENSACOLA FL 32514**

**% MARTIN A. MARINI
940 CANDLESTICK DR
PENSACOLA FL 32514**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created

08/08/1989

3b. Date of Last Report

04/29/1994

4. FPI Number

59-2973845

Applied Fee

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 § 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 6245 North Davis Hwy

2b. Mailing Address

26

State Apt # etc

State Apt # etc

22

27

City & State

City & State

23 Pensacola, Florida

28

Zip

Country

Zip

Country

24 32504

25

Escambia

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARINI, MARTIN A.
940 CANDLESTICK DR
PENSACOLA FL 32514**

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 607.014, 607.015, and 607.016, 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 607.015, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary, if Registered Agent is Not Applicable

Signature of Registered Agent or Secretary, if Registered Agent is Not Applicable

DATE

12. OFFICERS AND DIRECTORS

13. ATTENTION CHANGES TO OFFICERS AND DIRECTORS ONLY

12.1	PD
NAME	MARINI, MARTIN A.
STREET ADDRESS	940 CANDLESTICK DR
CITY, STATE, ZIP	PENSACOLA FL
12.2	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.3	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.4	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.5	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.6	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.7	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	
12.8	
NAME	
STREET ADDRESS	
CITY, STATE, ZIP	

13.1	13.1 NAME	☐ Change ☐ Addition
13.2	13.2 NAME	
13.3	13.3 STREET ADDRESS	
13.4	13.4 CITY, STATE, ZIP	
13.5	13.5 NAME	☐ Change ☐ Addition
13.6	13.6 NAME	
13.7	13.7 STREET ADDRESS	
13.8	13.8 CITY, STATE, ZIP	
13.9	13.9 NAME	☐ Change ☐ Addition
13.10	13.10 NAME	
13.11	13.11 STREET ADDRESS	
13.12	13.12 CITY, STATE, ZIP	
13.13	13.13 NAME	☐ Change ☐ Addition
13.14	13.14 NAME	
13.15	13.15 STREET ADDRESS	
13.16	13.16 CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied on this form is voluntarily furnished and is true and correct, 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 for the term of office shown on this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1 of the block of change or correction attachment with this filing.

SIGNATURE:

M. Marini Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/95

904 432 1018