

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 9:03

DOCUMENT # **M70221** (0)

1. Corporation Name
M & D INDUSTRIES OF ORLANDO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
380 SEMORAN COMMERCE PL SUITE A-108 APOPKA FL 32703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1988** 3a. Date of Last Report **05/05/1994**

2. Principal Place of Business 2a. Mailing Address
21 **527 S. Orange Blossom Trail** 26 **527 S. Orange Blossom Trail**

4. FEI Number **59-2873010** Applied For Not Applicable

22 **Apopka** 27 **Apopka**

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

23 **Florida** 28 **Florida**

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

24 **32703** 25 **Orange** 29 **32703** 30 **Orange**

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

WILSON, DONALD G.
380 SEMORAN COMMERCE PL STE A-108
APOPKA FL 32703

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
527 S. Orange Blossom Trail
83
84 City **APOPKA** FL 85 Zip Code **32703**

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 registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
NAME **WILSON, DONALD G., SR**
STREET ADDRESS **380 SEMORAN COMMERCE PL, A-108**
CITY-ST- ZIP **APOPKA FL 32703**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS **527 S. Orange Blossom Trail**
1.4 CITY- ST- ZIP **Apopka, FL 32703**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

6.1 TITLE Change 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 designated in my title with an address.

SIGNATURE: *Donald G. Wilson, Sr.*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
Donald G. Wilson, Sr., Pres.

Date: **4-28-95** Signature: **409-880-9885**