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FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90038 031 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000001834

1. Corporation Name
M.B.M. ENTERPRISES, INC.

Principal Place of Business
2360 STONEBRIDGE DR
ROCKLEDGE FL 32955

Mailing Address
2360 STONEBRIDGE DR
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/04/1993

4. FEI Number
59-3157522

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHERNE, BARBARA
1660 EAGLE NEST CIRCLE
WINTER SPRINGS FL 32708

ADDRESS
CHANGE →

81 Name
MATHERNE, BARBARA

82 Street Address (P.O. Box Number is Not Acceptable)
2360 STONEBRIDGE DR

83

84 City
ROCKLEDGE FL 85 Zip Code
32955

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, am familiar with, and accept the obligations of, Section 607.0995, Florida Statutes.

SIGNATURE *Barbara Matherne, Pres* BARBARA MATHERNE, PRES 4-24-99
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 PD
NAME MATHERNE, BARBARA
STREET ADDRESS 1660 EAGLE NEST CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708
SEE ADDRESS CHANGE →

1.1 TITLE PRESIDENT
1.2 NAME MATHERNE, BARBARA
1.3 STREET ADDRESS 2360 STONEBRIDGE DR
1.4 CITY-ST-ZIP ROCKLEDGE, FL 32955
☒ Change ☐ Addition

TITLE VD
NAME MATHERNE, CLAUDE M
STREET ADDRESS 1660 EAGLE NEST CIRCLE
CITY-ST-ZIP WINTER SPRINGS FL 32708
" →

2.1 TITLE VD
2.2 NAME MATHERNE
2.3 STREET ADDRESS 2360 STONEBRIDGE DR
2.4 CITY-ST-ZIP ROCKLEDGE, FL 32955
☒ Change ☐ Addition

TITLE SD
NAME MATHERNE, BARBARA
STREET ADDRESS 1660 EAGLE NEST CIR
CITY-ST-ZIP WINTER SPRINGS FL
" →

3.1 TITLE SD
3.2 NAME MATHERNE, BARBARA
3.3 STREET ADDRESS 2360 STONEBRIDGE DR
3.4 CITY-ST-ZIP ROCKLEDGE, FL 32955
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE *Barbara Matherne, Pres* BARBARA MATHERNE, PRES 4-24-99 407-639-6039
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)