1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P93000076001**1. Corporation Name

M & F ENTERPRISES, INC.

mar c								
Principal Place of Business Mailing Address								- ( (PEKARI 118 IZIGE IVIII ABIV) ERINI BRIVI ABIVI IDRIR BVIII BRIVI ABIVI ABI
4300 BAYOU BLVD			4300 BAYOU BLVD					
STE 12 & 13			STE 12 & 13					DO NOT WRITE IN THIS SPACE
PENSACOLA FL 32503			PENSACOLA FL 32503					3. Date Incorporated or Qualified
								10/26/1993
2. Principal Place of Business 2a. Mailing Address								4. FEI Number Applied For
2. Principal Place of Business								59-3208674 Not Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					\$8.75 Additional
<del></del>			27					5. Certificate of Status Desired Fee Required
City & State			City & State					6. Election Campaign Financing \$5.00 May Be
23			28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	untry			8. This corporation owes the current year Intangible
24	25	29		30				Personal Property Tax. ☐ Yes ☑No
	9. Name and Address of Curre	nt Regi	stered Agent		_			10. Name and Address of New Registered Agent
					81	Name	<del>)</del>	
FERGUSON, MICHAEL L 4300 BAYOU BLVD					82 Street Address (P.O. Box Number is Not Acceptable)			
STE 12 & 13 PENSACOLA FL 32503					83	t		
PEN			84 City			85 Zip Code		
						*		oration submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered age	of Flori ations of	f, Section 607.0505, Fk	orida Stat	a by tutes	ine cor	poration	n's board of directors. I hereby accept the appointment as registered
12.	OFFICERS A			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		☐ DELETE	1.1 T	ITLE			☐ Change ☐ Addition
NAME	MCDONALD, BRUCE A		1.2 N	1.2 NAME				
STREET ADDRESS			1.3 S	1.3 STREET ADDRESS				
CITY-ST-ZIP				1,4 0	1.4 CITY-ST-ZIP		1	
TITLE			2.1 T	2.1 TITLE			☐ Change ☐ Addition	
NAME	FLEMING, EDWARD P			2.2 N	AME			
STREET ADDRESS	ACCOUNTS OF AC			2.3 S	TREE	TADDRES	s	
CITY-ST-ZIP			2.40	2. 4 CITY-ST-ZIP				
TITLE	D		☐ DELETE	3.1 T	ITLE			☐ Change ☐ Addition
NAME	MOORHEAD, STEPHEN R			3.2 N	IAME			
STREET ADDRESS	ADDO DAVOU DIVIDI CTE 40			3.3 S	TREE	T ADDRES	s	
CITY-ST-ZIP	PENSACOLA FL 32503			3.4.0	CITY-S	ST-ZIP		
TITLE	D .		☐ DELETE	4.1 T	ITLE			Change Addition
NAME	FERGUSON, MICHAEL L			4.21	MAME			
STREET ADDRESS				4.3 S	TREE	TADORES	s	
CITY-ST-ZIP	PENSACOLA FL 32503			4.4 0	ITY-S	T-ZIP	_	
TITLE			☐ DELETE		TILE			Change Addition
NAME					IAME			
STREET ADDRESS						TADDRES	s	:
CITY-ST-ZIP					JITY-S	T-ZIP		TALLES TALES
TIRE			☐ DELETE	6.1 T	TTLE		1	☐ 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 ettachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90083 005 \*\*\*150.00