FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P94000035388

CIRCLE M ENTERPRISES, INC.

Principal Place of Business Mailing Address					_			i sodiilitit iid soisi dia		1014) 0041 OI	FLEE CRIUL	1188 11181	(3101 1011 1401
703 OVERHILL DRIVE BRANDON FL 33511			703 OVERHILL DRIVE BRANDON FL 33511					DO M	ST ME	NITE IN T	TIC CDY	CE	
							_	Date Incorporated or C		RITE IN TH	115 SPA		
							3.	05/09/1994	uame	,			
2 Principal Pl	ace of Business	2a. N	2a. Mailing Address					FEI Number	-			Ap:	plied For
2. (1110)	466 01 56511.655	\vdash	26					.65-0486760				No	t Applicable
Suite, Apt.	#. etc.		Suite, Apt. #, etc.						_:		\$8	3.75 A	dditional
22	.,	27					5.	Certifcate of Status De	snea			Fee Re	quired
City & State			City & State				6.	Election Campaign Fin	ancing	, _	\$	5.00	May Be
23		28	28					Trust Fund Contribution	1	<u> </u>		Added to	o Fees
Zip	Country	Z	Zip Countr				8. This corporation owes the current year Intangible						
24	25		29 30					Personal Property Tax.					
	9. Name and Address of Curre	nt Registe	red Agent		_		10.	Name and Address o	f New	Register	ed Ager	<u>it</u>	********
					81	Name							
MASSENGILL, SUSAN J				82	Street Add	iress (P	P.O. Box Number is Not	Accep	table)				
	OVERHILL DRIVE		ļ										
BRAI	NDON FL 33511			;	83								
					84	City					85	Zip C	Code
					-						·L]	
office or r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	Shnol-1 to a	Such change was a	utnorizea	DV 1	tne corborat	poration ion's bo	n submits this statement oard of directors. I hereb	for the	e purpose ept the ap	e of chan pointme	ging its nt as reg	registered gistered
SIGNATURE	<u> </u>					•				DATE			
	Signature, typed or printed name of registered ag			<u> </u>	\gen	t signature requir		reinstating) ADDITIONS/CHANGES	TOO			RECTO	IRS IN 12
12.	OFFICERS A	NO DIREC	□ DELETE	13.	<u>_</u>		:	ADDITIONS/CHANGES	100	TIOLIC		Change	Addition
TITLE	_ - -		□ bcccic			ļ					_	•	
NAME	MASSENGILL, SUSAN J		1.2 N			- ABODEOG							}
STREET ADDRESS 703 OVERHILL DRIVE			1			ADDRESS							ł
CITY-ST-ZIP	BRANDON FL 33511		☐ DELETE	1.4 CIT		T-ZIP		<u> </u>				Change	Addition
TITLE	V		□ DECETE	2.1 TITL									
NAME	MASSENGILL, E E			2.2 NA				•					
STREET ADDRESS	703 OVERHILL DRIVE					TADDRESS			,	_			j
CITY-ST-ZIP	BRANDON FL 33511		□ DELETE	2. 4 CIT		ST-ZIP					г	Change	Addition
TITLE			☐ DELETE	3 1 TITI							_	·	
NAME				3.2 NA									i
STREET ADDRESS						T ADDRESS							
CITY-ST-ZIP				3.4. CIT		ST-ZIP						Change	Addition
TITLE			☐ DELETE	4.1 TiTI							띡	Onange	
NAME				4. 2 NA									•
STREET ADDRESS				4.3 STF	REET	TADDRESS							
CITY-ST-ZIP				44 CIT		T-ZiP						Change	Addition
TITLE			☐ DEŁETE	5.1 TITI					٠,	•	. Ш	Change	[] Addition
NAME				5.2 NA				,					
STREET ADDRESS						TADDRESS		•					
CITY-ST-ZIP				54 CIT		1-ZIP					<u></u>	Change	☐ Addition
TITLE			☐ DELETE	6.1 TIT							Ц	onange	
NAME				6.2 NA	ΝĖ								

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 eceiver or trustee empoyered 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.

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90047 033 ***150.00

a seorgene din colea nana nedik nedia belia nedia nedian dian dian diken ledia: beki ledi