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

**PROFIT** CORPORATION ANNUAL REPORT

1999

14. I hereby certify that the information supplied indicated on this annual report or supplied



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10, 1999 8:00am

**Secretary of State** 

02-10-1999 90018 014 \*\*\*150.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## OCUMENT # P94000043477

M & M PROPERTIES OF NORTHEAST FLORIDA, INC.

High Has	ce of Business	Mailing Address				
#\$52,W, BEAVER ST 3552 W BEAVER ST JACKSONVILLE FL 32205 JACKSONVILLE FL 32205			206			
NACKSUNVILLE FL 32205 JACKSUNVILLE FL 32205			205		DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualifed	
					06/01/1994	
2 Principal F	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			<b>59-3247776</b> Not Applicat	le
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23		28	28		Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	ry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Currer	nt Registered Agent		. 1	10. Name and Address of New Registered Agent	_
DOI	DICON MADY A		8	1 Name	ne ·	
	BISON, MARY A		18	2 Stree	eet Address (P.O. Box Number is Not Acceptable)	_
UN	E INDEPENDENT DR					<u> </u>
	TE 2600		8	3		
JAL	KSONVILLE FL 32202		5	4 City	85 Zip Code	4
	•		j			
					ed corporation submits this statement for the purpose of changing its registered	
Il fill office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change wattions of, Section 607.0505	, Florida Statut	y the cor es.	orporation's board of directors. I hereby accept the appointment as registered	
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida. Such change wattions of, Section 607.0505	, Florida Statut	y the cor es.	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	(80)
office or agent. I	registered agent, or both, in the State am familiar with, and accept the obliga Signature, typed or printed name of registered agei	of Florida. Such change wations of, Section 607.0505	, Florida Statuti NOTE: Registered A	es.	ure required when reinstaling) DATE	(41/08)
office or agent. I SGNATURE	registered agent, or both, in the State am familiar with, and accept the obligation of the state of signature, typed or printed name of registered age of D MASON, ROY R	of Florida. Such change wations of, Section 607.0505  Int and title if applicable.	, Florida Statuti NOTE: Registered A	ey the cor	ure required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	ion (41/08)
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SGNATURE  12.1  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	registered agent, or both, in the State am familiar with, and accept the obligation of the obligation	of Florida. Such change wittions of, Section 607.0505  nt and title if applicable.    D DIRECTORS	, Florida Statut  NOTE: Registered A;  13.  E 1.1 TITLI  1.2 NAM  1.3 STRI  1.4 CITY	py the corper.  pent signature  E  E  ET ADDRESS  ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additions	D2E034 /
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officer or director of the corporation Block 12 or Block 13 if changed ROYR. MASON 1/21/99 904-783-1760 SIGNATURE

6.4 CITY-ST-ZIP

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information imental 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 he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in