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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000001191 (2)

M & M PETROLEUM, INC.

Principal Plac 12679 US HWI JUNO BEACH	Y ONE	Mailing Address 12679 US HWY ONE JUNO BEACH FL 33408-2	2401		
				3. Date Incorporated or Qualified 01/05/1995	3a. Date of Last Report 05/01/1996
2. Phriopal P 21	hire of Business	2a. Mailing Address		4. FEI Number 65-0546698	Applied For Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	tc	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ)	Country 25	Ζιρ <b>29</b>	Country 30	8. This corporation has liability for i	ntangible tax under s. 199.032,
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Re	gistered Agent
STEVENSON, ROBERT 2944 NE ROSETREE DR. JENSON BEACH FL 34957			81 Name 82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
			84 City		FL 85 Zip Code
office or i agent. La SIGNATURE	registered agent, or both, in the Sta im familiar with, and accept the obt	te of Florida. Such change was igations of, Section 607 0505, F spert and the tagginable. (NC	authorized by the corpor forida Statutes. DTE Registered Agent signature red		ot the appointment as registered
12.	OFFICERS A	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
NAME STREET ADORESS	STEVENSON, ROBERT 2944 ROSETREE DR.	DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS		☐ Cnange ☐ Addition
COLE-ST-ZIE	JENSON BEACH FL 34957		1.4 CITY-ST-ZIP		15
HILL HILL	S/T	DELETE	21 TITLE		Change Addition
NAMI STHEET Afficies Sis	STEVENSON, TERESA 2944 ROSETREE DR.	_	2.2 NAME 2.3 STREET ADDRESS		
	JENSON BEACH FL 34957		2.4 CITY-ST-ZIP		}
Cdy - SL-ZIP Till(F		DELETE	3 1 7(TLE		Change Addition
NAME STREET ADDRESS	:   		3 2 NAME 3 3 STREET ADDRESS		
CHY-51-74F			3 4. City - St - ZiP		
TOTE		DELETE	4.1 TITLE		Change Addition
NAM	ţ		4. 2 NAME		Į.
STREET ADDRESS			4 3 STREET ADDRESS		
C-1Y-S1-ZIP		Dr I f fr	4.4 CHY-SI-7IP		Change Addition
TIME		[_] DELETE	5.1 TITLE		☐ cuande ☐ vooipou
NAM:	<u>}</u>		5.2 NAME		j

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY - ST - ZIP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the option and accurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowared to execute this report as required by Chapter 607, Florida Statutes, and that my name

5 4 CITY - ST- ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

14. I do hereby certify that the information information indicated on tois any Lam an officer or director of the cappears in Block 12 or Block 14 in

STREET ADDRESS

OFY 57-76

(01Y-51-2H

THEF

NAME STRUET ADDRESS

DELETE

**FILED** 

Mar 19 1997 8:00am

Secretary of State

Change

☐ Addition