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

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #
1. Corporation Name

P95000001191 (2)

M & M PETROLEUM, INC.

**FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					N GINA: 1001# Chine Llás chaí	
12679 US HWY ONE 12679 US HWY ONE						
JUNO BEACH FL 33408		JUNO BEACH FL 33408		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified		
				01/05/1995	_	
	ace of Business	2a. Mailing Address	1 7	4. FEI Number	Applied For	
21	A - 1	26 2944 NE KOS	etree Drive	65-0546698	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City, 8 State		6. Election Campaign Financing	\$5.00 May Be	
23		28 JENSON BEACH	, Tlonion	Trust Fund Contribution	Added to Fees	
Zip	Country	70	Country	8. This corporation owes or has paid the curr	_ ′ ′	
24	25	[29] 3495 ] 30	J NZA	Personal Property Tax due June 30.  10. Name and Address of New Registered A	Yes No	
				It, Haile and Address of few neglistered a	rgoin	
STEVENSON, ROBERT 2944 NE ROSETREE DR.						
JENSON BEACH FL 34957				ress (P.O. Box Number is Not Acceptable)		
			83			
	<b>A</b>		84 City	FL	85 Zip Code	
11. Pursuant to the profesions 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 Viorida, Such change was authorized by the corporation of part of directors. I peraby accept the appointment as registered agent. I am familiar Any, and accept the obligations of Section 607,0505, Florida Statutes.						
I SIGNATURE LOVVI DAMA LOSEVI NITEVENSONI RECIDENT Chango UNIN 31X 110						
12.	Starbare, typed or profind rame of experience appro- OFFICERS AND		egistored Agent signature require 13.	ed when reinstating)   ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition	
NAME	STEVENSON, ROBERT	_	1.2 NAME		_ , _	
STREET ADORESS	2944 ROSETREE DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	JENSON BEACH FL 34957		1.4 CITY-ST-ZIP			
TITLE	\$/T	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	STEVENSON, TERESA		2.2 NAME			
STREET ADDRESS	2944 ROSETREE DR.		2.3 STREET ADDRESS	,		
CITY-ST-ZIP	JENSON BEACH FL 34957	Drutte	2.4 CITY-ST-ZIP	- Winds	Change L Addition	
TITLE		[_] DEFELE	31 TITLE		Change Addition	
NAME OTDEST ADDRESS			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	51 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5 3 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	6 1 TITLE		Change Addition	
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY+ST-ZIP			64 CITY-ST-ZIP			

I nereby 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 of supplience and an unal 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 of 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 change I, or on an ultrachment with an address:

5412831578