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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000001191

M & M PETROLEUM, INC.

Principal Place of Busines	S
12679 US HWY ONE JUNO BEACH FL 33408	
JUNO BEACH FL 33408	

Mailing Address

2944 NE ROSETREE DR

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90009 009 ***150.00



JUNO BEACH FL 33408 JENSEN BEACH FL 34957					DO NOT WRITE IN THIS SPACE				
		US			3. Date Incorporated or Qualifed				
•					01/05/1995				
_ ~ :	ace of Business	2a. Mailing Address			4. FEI Number		·	Applied For	
21 8000	JACK JAMES DAIVE	26			65-0546698		60.7	Not Applicable	
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			5 Additional Required	
City & State	, , ,	City & State			6. Election Campaign Financing		\$5.0	00 May Be	
一 '	ent. TIA	28			Trust Fund Contribution		Add	ed to Fees	
Zip Country Zip Co					This corporation owes the curre Personal Property Tax.	ent year Int	angible	□No	
24 34	25 V DT N	29 30	<u>'l</u>		10. Name and Address of New R	egistered			
	9. Name and Address of Current	Registered Agent	81	Name	ro. Hame and received or from the	.ugiuiui u			
STEV	ÆNSON, ROBERT		Ľ.	!		:			
	NE ROSETREE DR.		82	82 Street Address (P.O. Box Number is Not Acceptable)					
	SON BEACH FL 34957		83						
JENS	SON DEMONTE 3483/		83						
			84	City		FL	85 2	ip Code	
								ite registered	
11. Pursuant t	to the provisidals of Sections 607.0502	and 607.1/508, Florida Statutes, Florida, Such change was auth-	the above orized by	e-named cor the corporal	rporation submits this statement for the tion's board of directors. I hereby accer	purpose or it the appoi	intment a	registered	
agent. 1 ar	m familiar with arre accept the obligati	ons of, Section 607.0505, Florida	Statutes		rporation submits this statement for the tion's board of directors. I hereby accep	100		-	
SIGNATURE		~ MILLINEN			F117	L77_			
	Signature ped or printed name of registered agent			nt signature requi	ADDITIONS/CHANGES TO OF	DATE AN	אם חום בי	TODS IN 12	
12.	OFFICERS AND	D DIRECTORS	13.	- +	ADDITIONS/CHANGES TO OF	FICENS A	Chan		
TITLE	P	□ DELETE	1.1 TITLE	j				ge Droginon	
NAME	STEVENSON, ROBERT		1.2 NAME		-				
STREET ADDRESS	2944 ROSETREE DR.			T ADDRESS					
CITY-ST-ZIP	JENSON BEACH FL 34957	☐ DELETE	1.4 CITY-S	T-ZIP			☐ Chan	ge Addition	
TITLE	S/T	☐ pereie	2.1 TITLE					ge	
NAME	STEVENSON, TERESA		2.2 NAME						
STREET ADDRESS	2944 ROSETREE DR.			TADDRESS					
CITY-ST-ZIP	JENSON BEACH FL 34957		2. 4 CITY-5	ST-ZIP			☐ Chan	ge Addition	
TITLE		☐ DELETE	3.1 TITLE				☐ Chan	ge 🗀 Addiabii	
NAME			3.2 NAME						
STREET ADDRESS			3 3 STREE	T ADDRESS		·			
CITY-ST-ZIP			34 CITY-5	ST-ZIP			☐ Ch	no DAddition	
TITLE)		☐ DELETE	4.1 TITLE	1			☐ Char	ge	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				Char	ge Addition	
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Char	ige 🔲 Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY - S	T-ZIP		-	~		

14. I hereby certify that the information subplied 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 surpliementer 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 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 changed, or physical address. With all other like empowered.

SIGNATURE: