

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

Apr 16 1996 8:00 am

Secretary of State

DOCUMENT # P95000010678 (7)

1. Corporation Name

M & L INVESTMENTS, INC.



Principal Place of Business

350  
-350 PENSACOLA BEACH BLVD  
GULF BREEZE FL 32561

Mailing Address

350  
-350 PENSACOLA BEACH BLVD  
GULF BREEZE FL 32561

2. Principal Place of Business

21 350 Pensacola Beach Blvd.

Suite, Apt. #, etc.

22 Suite 4

City & State

23 Gulf Breeze, FL

Zip

24 32561

Country

2a. Mailing Address

26 P.O. Box 99

Suite, Apt. #, etc.

27

City & State

28 Gulf Breeze, FLA

Zip

29 32562-0099

Country

30 U.S.

3. Date Incorporated or Qualified

02/08/1995

3a. Date of Last Report

4. FEI Number

59-3323431

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

~~MOORHEAD, STEPHEN R~~  
~~4300 BAYOU BLVD~~  
~~SUITES 12 & 13~~  
~~PENSACOLA FL 32504~~

10. Name and Address of New Registered Agent

81 Name

Mark Lyons III

82

Street Address (P.O. Box Number is Not Acceptable)

350 Pensacola Beach Blvd.

83

Gulf Breeze

84

City Gulf Breeze

FL

85 Zip Code

32561

11. Pursuant to the provisions 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 Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*Mark Lyons III*  
Signature, typed or printed name of registered agent and name if applicable

(NOTE: Registered Agent signature required when reinstating)

4-1-96

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME ~~MONTGOMERY, ROBERT B~~  
STREET ADDRESS ~~1388 COUNTRY CLUB RD~~  
CITY-ST-ZIP ~~GULF BREEZE FL 32561~~

TITLE D ☒ DELETE  
NAME LYONS, MARK I II  
STREET ADDRESS 124 BAYBRIDGE PARK P.O. Box 99  
CITY-ST-ZIP GULF BREEZE FL 32561

TITLE D ☒ DELETE  
NAME ~~MAGQUEEN, JULIAN B~~  
STREET ADDRESS ~~113 BAYBRIDGE PARK~~  
CITY-ST-ZIP ~~GULF BREEZE FL 32561~~

TITLE D ☒ DELETE  
NAME ~~Robert Rinke~~  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres. & Dir. ☒ Change ☐ Addition  
1.2 NAME MARK LYONS III  
1.3 STREET ADDRESS 124 Baybridge  
1.4 CITY-ST-ZIP Gulf Breeze, FL 32561

2.1 TITLE Sec. & Dir. ☐ Change ☒ Addition  
2.2 NAME Robert Rinke  
2.3 STREET ADDRESS 900 Quikwater Rd. Suite 10  
2.4 CITY-ST-ZIP Pensacola Beach, FL 32561

3.1 TITLE Treas. Dir. ☐ Change ☒ Addition  
3.2 NAME GARY POWELL  
3.3 STREET ADDRESS 1401a Deluna  
3.4 CITY-ST-ZIP Pensacola Beach, FL 32561

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mark Lyons III* MARK LYONS III Pres. 4-1-96 9049340440

Date

Daytime Phone #

CR2E034 (12/95)