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 # P95000047451 1. Corporation Name

M & M DRIVE SERVICE INC.

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Principal Plac	e of Business	Mailing Address				T TEMILANT (IN THINK BILL) MESTI A		UIS UBS UI UU	01181 1181 1 0 81
8000 S ORANGE AVE P.O. BOX 590414					1				
SUITE 208 ORLANDO FL 32872					{	DO NOT WRITE IN THIS SPACE			
ORLANDO FL 32809 US US						3. Date Incorporated or Qualifed			
40					1	6/15/1995			
Principal Place of Business 2a. Mailing Address						I Number		Ap	plied For
1364 E. LANDSTREET RD 26						OT APPLICABLE_		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						ertifcate of Status Desired		\$8.75	,
27					3.70			Fee Re	quired
City & State City & State					[ection Campaign Financing	[]	\$5.00	
23 ORLANDO + L. 28			Country			ust Fund Contribution		Added t	o Fees
Zip Country Zip Zip 23 32859 25 4 5 29 30			Country □	,	1	is corporation owes the cur	•	ngible □Yes	□No
24 32E	9. Name and Address of Current	29 30	01			rsonal Property Tax. ame and Address of New			
	5. Name and Address of Current	registered Agent	81	Name		<u> </u>			
MAM	N, GARY		82		MAN		- Library -		
4512 COMMANDER DR				Street	Address (P.O.	Box Number is Not Accept	H(LL	E21	
SUITE 1722			83	00	101	172 070000			
ORLANDO FL 32822			<u> </u>	<u> </u>				Teel 3:- 6	2040
			84	City	RLAN	Do	FL	85 Zip ((8°25
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	, the abov	e-named	corporation su	bmits this statement for the	purpose of c	hanging its	registered
office or I	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was auth ins of Section 607,0505./Horid	Arized by a Statutes	the corp	oration's board	of directors. I hereby acce			jistered
=	GARY M. MA	14/-	ma	2			Ø· 3	.99	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	egistered Age	nt signature r	required when reinst				
12.	OFFICERS AND		13.		ADI	DITIONS/CHANGES TO OF	FICERS AND		
TITLE	D	☐ DELETE	1.1 TITLE		Ì	,		Change	☐ Addition
NAME	MANN, GARY				2781	LAKE LINDE	eHILL'	Z >	{
STREET ADDRESS				1.3 STREET ADDRESS		NDO, FL. 32	070		
CITY-ST-ZIP	ORLANDO FL 32822		1.4 CITY- S	T-ZIP	OKCA	N100, FC. 30	1003	∏ Change	Addition
TITLE		☐ DELETE	2.1 TITLE		{			☐ Change	
NAME			2.2 NAME						
STREET ADDRESS			l .	TADORESS)	•			}
CITY-ST-ZIP		Operete	2. 4 CITY-	ST-ZIP	ļ <u>-</u>			[] Change	Addition
TITLE		☐ DELÉTE	3.1 TITLE						
NAME			3.2 NAME					-	
STREET ADDRESS				TADDRESS	-				}
CITY-ST-ZIP_		[] DELETE	3.4. CITY-5	51-ZP	 -			Change	Addition
TITLE		בן מבנכוב	4, 2 NAME		{			_ ,	_
NAME			l	T ADDRESS					}
STREET ADDRESS			4.3 311444	ADDICESS	i				Į
CITY-ST-ZIP TITLE			AA OITV O	T 71D					
HILL	<u> </u>	(7 DELETE	4.4 CITY-S	T-ZIP				Change	Addition
NAME		☐ DELETE	4.4 CITY-5 5.1 TITLE 5.2 NAME	T-ZIP				☐ Change	Addition
NAME		☐ DELETE	5.1 TITLE 5.2 NAME	T-ZIP				Change	Addition
STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME	T ADDRESS				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T ADDRESS				☐ Change	☐ Addition
STREET ADDRESS			5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T ADDRESS					

14. I hereby 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 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, with all other like propowered.

2.3.94 407-858-0881

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90135 041 ***150.00