SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000004700 (5)

MH MANAGEMENT GROUP, INC.

Principal Place	of Business	
76 NEW HOPE	DRIVE	

Mailing Address

476 NEW HOPE DRIVE

## FILED Jul 29 1998 8:00am Secretary of State



ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/13/1997 Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent CULBERTSON, BETH A 81 531 TAMIAMI TRAIL, UNIT 1 82 ress (P.O. Box Number is Not Acceptable) 474 New More Drive PORT CHARLOTTE FL 33953 83 84 City 85 502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ligations of, section 607.0505, Florida Statutes. Pursuant to the provisions of section office or registered agent, or both SIGNATURE tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (5/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE L Change Addition DELETE HARRISON, MICHAEL NAME 1.2 NAME 511 BEACHWOOD 1.3 STREET ADDRESS STREET ADDRESS **ALTAMONTE SPRINGS FL 32714** CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE \_\_ DELETE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE 6000026045**3**99 DELETE 5.2 NAME NAME -07/31/98--01090--013 STREET ADDRESS 5.3 STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6 3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 title 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 trystee improvered 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.

7/20/20

pso

From: MH Management Group, Inc.

Michael Harrison

476 New Hope Dr.

Altamonte Springs, FL 32714

407-786-4185

To: Florida Dept of State

Division of Corporations Annual Reports Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

To whom it may concern:

Please find the enclosed check for \$150.00 for the renewal of the corporation annual report. I never received a first notice packet for filing earlier this year.

I am therefore asking that you accept the amount of \$150.00 for the annual report fee.

Please feel free to call me if you have any further questions at 407-786-4185.

Sincerely

Michael Harrison

Owner

MH Management Group, Inc.