

FILED

Jun 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF Sandra B. Moitham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000009879 (2)

M/H MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2765 US HWY 92 W LAKELAND FL 33815	2765 US HWY 92 W LAKELAND FL 33815

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 01/27/1997	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	
21		26		59-3431862	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For	
22		27		Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
HIATT, DAVID D 2765 US HWY 92 W LAKELAND FL 33815		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	85
			FL	

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

Signature, typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DAT

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	
NAME	HIATT, DAVID D	1.2 NAME	
STREET ADDRESS	2765 US HWY 92 W	1.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33815	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	MAYO, JOSEPH A	2.2 NAME	
STREET ADDRESS	2765 US HWY 92 W	2.3 STREET ADDRESS	
CITY - ST - ZIP	LAKELAND FL 33815	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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, on an attachment with an address.

SIGNATURE:

David D. Hiett

4-16-78 941-686-3855

CB2E034 (10/07)