1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9700009879

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90156 035 \*\*\*300.00

M/H MANAGEMENT, INC.							TOITI PARIS DE	0)(0 (0)BL (0)11	100(8 10(1 130)	
Principal Place	e of Business	Mai	ling Address				3 IMPIIMBA ILE ABIAL INDIA BOISI ONIII		)	10040 1011 1001
2765 US HWY 92 W 2765 US HWY 92 W										
LAKELAND FL 33815 LAKELAND FL 33815							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							01/27/1997			
2. Principal Pl	lace of Business	2a.	Mailing Address				4. FEI Number		Ar	plied For
21		26					<u>59-3431862</u>			ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desired		T	Additional equired
City & Ctate		27	City & State				6 Election Compaign Financing	·		May Be
City & State		28	City di State		والتن	<u> </u>	6. Election Campaign Financing Trust Fund Contribution			to Fees
Zip	Country		Zip	Cou	intry	_	8. This corporation owes the currer	nt year Inta	ingible	
24	25	29		30			Personal Property Tax.		☐ Yes	□No
	9. Name and Address of Curre	ent Regist	ered Agent				10. Name and Address of New Re	gistered A	vgent	
LIIAT	T DAMO D				81	Name				
HIATT, DAVID D 2765 US HWY 92 W					82 Street Address (P.O. Box Number is Not Acceptable)					
LAKELAND FL 33815				83	-	· · · · · · · · · · · · · · · · · · ·				
						_				
					84 City			FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	502 and 60	7.1508, Florida Stati	utes, the a	bove	e-named corpo	ration submits this statement for the pi's board of directors. I hereby accept		changing its	registered
office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida nations of	a. Such change was Section 607.0505. F	authorized Iorida Stat	d by tutes.	the corporation	i's board of directors. I hereby accept	the appoir	itment as re	gisterea
SIGNATURE		,								
	Signature, typed or printed name of registered ag		·· · · · · · · · · · · · · · · · · · ·		d Agen	t signature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AN	D DIRECTO	3PS IN 12
TITLE	OFFICERS A	ND DIREC	DELETE	13.	ΠE		ADDITIONS/CHANGES TO CITY	OLIVO AIT	Change	Addition
NAME	HIATT, DAVID D			1.2 N						_
STREET ADDRESS	2765 US HWY 92 W					ADDRESS				j
CITY-ST-ZIP	LAKELAND FL 33815				ITY-\$1	1				i
TITLE	VD		. DELETE	_						
NAME	MAYO, JOSEPH A		. L DELETE	2.1 11	ITLE		<u> </u>		Change	Addition
STREET ADDRESS	2765 US HWY 92 W		. LJ DELETE	2.1 TI 2.2 N		}	<u> </u>		Change	Addition
CITY-ST-ZIP	LAKELAND FL 33815		. U DELETE	2.2 N	AME	ADDRESS	<u> </u>		Change	Addition
TITLE		<u>-</u>	- <u>-</u>	2.2 N/ 2.3 ST 2.4 C	AME TREET CITY-S	ADDRESS	- 11			
	15		DELETE	2.2 N 2.3 ST 2.4 C 3.1 Π	AME TREET CITY-S' ITLE	ı	- 2		☐ Change	Addition
NAME	,	<del>*</del>	- <u>-</u>	2.2 N/ 2.3 S7 2.4 C 3.1 TI 3.2 N/	AME TREET CITY-S ITLE IAME	T-ZIP .	- 02			
STREET ADDRESS	,		- <u>-</u>	2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	AME TREET CITY-S ITLE IAME TREET	T-ZIP .				
STREET ADDRESS CITY-ST-ZIP			 DELETE	2.2 N/ 2.3 ST 2.4 C 3.1 Π 3.2 N/ 3.3 ST 3.4 C	AME TREET CITY-S TILE AME TREET CITY-S	T-ZIP .			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE	,	<u> </u>	- <u>-</u>	2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4 C	AME TREET CITY-S' TILE AME TREET CITY-S	T-ZIP .				
STREET ADDRESS CITY-ST-ZIP TITLE NAME			 DELETE	22 Nv 23 Si 2.4 C 3.1 Ti 32 Nv 33 Si 3.4 C 4.1 Ti 4.2 N	AME TREET CITY-S TILE AME TREET CITY-S TILE VAME	T-ZIP			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			 DELETE	22 Nv 23 Si 2.4 C 3.1 Ti 32 Nv 33 Si 3.4 C 4.1 Ti 4.2 Nv 4.3 Si	AME TREET CITY-S TREET CITY-S TILE VAME TREET	T ADDRESS T ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME			 DELETE	22 Nv 23 Si 2.4 C 3.1 Ti 32 Nv 33 Si 3.4 C 4.1 Ti 4.2 Nv 4.3 Si	AME TREET CITY-S TILE LAME TREET CITY-S TILE VAME TREET	T ADDRESS T ADDRESS			Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.2 NV 2.3 ST 2.4 C 3.1 Π 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI	AME TREET CITY-S TILE AME TREET TREET TREET TREET TREET	T ADDRESS T ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			DELETE	2.2 NV 2.3 ST 2.4 C 3.1 Π 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 Π 5.2 NV	TREET TREET TREET TREET TREET TREET TREET TITLE TREET TITLE TREET TITLE TITLE TITLE	T ADDRESS T ADDRESS			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			DELETE	2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI	AME TREET TREET TITE TREET TITE TREET TITE TITE	T ADDRESS T - ZIP T ADDRESS T - ZIP T ADDRESS T - ZIP			☐ Change	Addition Addition Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DELETE	2.2 NV 2.3 ST 2.4 C 3.1 Π 3.2 NV 3.3 ST 3.4 C 4.1 Π 4.2 N 4.3 ST 4.4 CI 5.1 Π 5.2 NV 5.3 ST 5.4 CI 6.1 Π	AME TREET CITY-S TILE AME TREET TREET TILE TREET TITY-SI TILE AME TREET TREET TREET TREET	T ADDRESS T - ZIP T ADDRESS T - ZIP T ADDRESS T - ZIP			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	22 NV 23 ST 2.4 CC 3.1 TT 3.2 N 33 ST 34. CC 4.1 TT 4. 2 N 4.3 S' 4.4 CC 5.1 TT 5.2 N 5.3 ST 5.4 CC 6.1 TT 6.2 N	AME TREET CITY-S TILE AME TREET CITY-S TILE AME TREET	T ADDRESS T - ZIP T ADDRESS T - ZIP T ADDRESS T - ZIP			☐ Change	Addition Addition Addition

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 empowered.

**SIGNATURE:** 

3-24-99 941-686-3855