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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90115 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000083676

1. Corporation Name
M & M, INC.

Principal Place of Business
21620 INDIAN BAYOU DR.
FT. MYERS BEACH FL 33931

Mailing Address
21620 INDIAN BAYOU DR.
FT. MYERS BEACH FL 33931



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/25/1997

4. FEI Number
65-0782169

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business
21 1270 Estero Blvd
Suite, Apt. #, etc.

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.

22 City & State
23 Ft Myers Beach, FL

27 City & State
28

24 Zip 33931 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

GATTENY, DEANN
18518 VIOLET ROAD
FT. MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name
GATTENY, DEANN
82 Street Address (P.O. Box Number is Not Acceptable)
7327-A SANIBEL Blvd
83
84 City Ft Myers FL 85 Zip Code 33912

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]*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

11/12/98
DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME D COMBS, MARK
STREET ADDRESS 21620 INDIAN BAYOU DR.
CITY-ST-ZIP FT. MYERS BEACH FL 33931

TITLE
NAME D STANTON, MICHAEL H
STREET ADDRESS 17660 TAYLOR DR. SW
CITY-ST-ZIP FT. MYERS FL 33908

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME COMBS, MARK
1.3 STREET ADDRESS 907 SAN CARLOS DR.
1.4 CITY-ST-ZIP Ft Myers Beach, FL 33931

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* president 1-14-99 941-765-5446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)