

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


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

DOCUMENT # P97000088447

1. Corporation Name
MTM MANAGEMENT INC

FILED
99 JUL 13 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2316 SUNVIEW AVENUE VALRICO FL 33594		Mailing Address 2316 SUNVIEW AVENUE VALRICO FL 33594		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21. Suite, Apt. #, etc.		2a. Mailing Address 26. Suite, Apt. #, etc.		3. Date incorporated or Qualified 10/14/1997	
22. City & State		27. City & State		4. FEI Number 59.3585472	
23. Zip		28. Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Country		30. Country		7. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☐ No	
8. Name and Address of Current Registered Agent PROUT, CHARLES D 2316 SUNVIEW AVENUE VALRICO FL 33594				9. Name and Address of New Registered Agent	
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 607.0609, Florida Statutes.				10. Name and Address of New Registered Agent	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable				DATE	
12. OFFICERS AND DIRECTORS ☐ DELETE				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition	
12.1 TITLE PD 12.2 NAME PROUT, CHARLES D 12.3 STREET ADDRESS 2316 SUNVIEW AVENUE 12.4 CITY-ST-ZIP VALRICO FL 33594				13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP	
12.5 TITLE DS 12.6 NAME MERTZ, PATRICIA M 12.7 STREET ADDRESS 2316 SUNVIEW AVENUE 12.8 CITY-ST-ZIP VALRICO FL 33594				13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP	
12.9 TITLE 12.10 NAME 12.11 STREET ADDRESS 12.12 CITY-ST-ZIP				13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP	
12.13 TITLE 12.14 NAME 12.15 STREET ADDRESS 12.16 CITY-ST-ZIP				13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP	
12.17 TITLE 12.18 NAME 12.19 STREET ADDRESS 12.20 CITY-ST-ZIP				13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP	
12.21 TITLE 12.22 NAME 12.23 STREET ADDRESS 12.24 CITY-ST-ZIP				13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP	
12.25 TITLE 12.26 NAME 12.27 STREET ADDRESS 12.28 CITY-ST-ZIP				13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP	
12.29 TITLE 12.30 NAME 12.31 STREET ADDRESS 12.32 CITY-ST-ZIP				13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP	

CR2504 (1/98)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Charles D. Prout
PRUS.
Driver's License #
4/24/99
813-681-6381