

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).

APPROVED
AND
FILED

1052

0018722

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham,
 Secretary of State
 DIVISION OF CORPORATIONS

98 DEC 10 AM 11:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000100282 (7)
 1. Corporation Name
 M & M WHOLESALE, INC.



Principal Place of Business: 6737 SHERIDAN ROAD, MELBOURNE FL 32904
 Mailing Address: 6737 SHERIDAN ROAD, MELBOURNE FL 32904

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		Suite, Apt. #, etc.		City & State		Zip	
Country		Country		Country		Country		Country	

3. Date Incorporated or Qualified: 11/24/1997

4. FEI Number: 59-3481865
 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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 RICHEY, JAMES H
 200 S. HARBOR CITY BLVD.
 MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City

700002713357-1
 -12/15/98--01083-005
 ****150 PE 89:158.00

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D POWELL, MICHAEL W <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MICHAEL W	1.2 NAME	
STREET ADDRESS	6737 SHERIDAN ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	1.4 CITY-ST-ZIP	
TITLE	D POWELL, MONETTE S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MONETTE S	2.2 NAME	
STREET ADDRESS	6737 SHERIDAN ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, or on an attachment with an address.

SIGNATURE: _____ SIGNATURE REQUIRED _____

CR2E034 (5/98)

2052

**M & M Wholesale, Inc.
1520 Bottlebrush Dr.
Palm Bay FL 32905**

August 20, 1998

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Filing Fee
M & M Wholesale
FEI 59-3481865

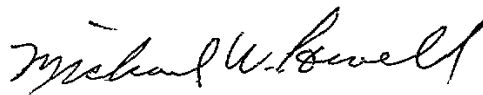
Gentlemen:

The original Corporate Report was filed on April 30, 1998. It was to be returned to me for correction of a missing signature. However, I never received this returned report. Therefore, I am respectfully requesting an abatement of the penalty incurred for late filing.

Please find enclosed a copy of the Annual Report and a check in the amount of \$150.

Thank you for your help in this matter.

Very truly yours,



Michael W. Powell

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

ASSOCIATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 98 DEC 10 AM 11:28
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000000456**

1. Corporation Name
ROLANDO J. GUTIERREZ ARCHITECTS, INC.

900002713359--5
 -12/15/98-01083-006
 ****150.00 ****150.00

Principal Place of Business Mailing Address

2017 DELTA BLVD. 2017 DELTA BLVD.
 TALLAHASSEE FL 32303 TALLAHASSEE FL 32303



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

900002713359--5
 -12/15/98-01083-007
 *****8.75 01/03/1997 *****8.75

4. Date Incorporated or Qualified To Do Business in Florida
 5. FEI Number
59-3446560

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Rolando J. Gutierrez	6419 Bold Venture Trail	Tallahassee, FL 32308

8. Name and Address of Current Registered Agent

LEVINE, MARK S
 245 EAST VIRGINIA ST.
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: Same
 Street Address (P.O. Box Number is Not Acceptable):
 Suite, Apt. #, Etc.:
 City: State: **FL** Zip Code:

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: **SIGNATURE REQUIRED** Date: _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: **SIGNATURE REQUIRED** Date: Dec 4, 98 Daytime Phone #: 386-2674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E640 (9/98)

20/2

..... ROLANDO J. GUTIERREZ, ARCHITECTS

December 4, 1998

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: Reinstatement

To whom it may concern,

As requested by your office, I am writing to state our reasons for not having filed on time our annual report as a profit corporation.

I want to inform you that the only time we received notification to file with your office was in the form of an administrative dissolution or revocation. This gave us no opportunity to file on time. We have been a corporation for only a year and as a result of our lack of familiarity with Florida Laws, we find ourselves filing late.

I hope you will consider our case and will waive the late fine of \$600.00 as result of missed communication and familiarity with your regulations in this matter. You will find enclosed a check #2425 in the amount of \$150.00 that your office requested for reinstatement.

I thank you in advance for your attention and cooperation. Please call me at 386-2674 if you need more information to process our reinstatement papers at this time.

Sincerely,




Rolando J. Gutierrez,
President
c:\rjg\dayfile\corp.doc

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

98 DEC 10 AM 9:53

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

* PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J00238 (2)

1. Corporation Name
SNOKE AND SON MANUFACTURING, INC.



Principal Place of Business % LARRY A. SNOKE, JR. 2415 2ND AVE. E. BRADENTON FL 34208	Mailing Address % LARRY A. SNOKE, JR. 2415 2ND AVE. E. BRADENTON FL 34208
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/17/1986	
21	26	4. FEI Number 59-2634816		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country		29 Country		30	

9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208		81 Name	10. Name and Address of New Registered Agent	
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	FL	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOKE, LARRY A., SR.	1.2 NAME	
STREET ADDRESS	2415 2ND AVE. E.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOKE, ELIZABETH ANN	2.2 NAME	
STREET ADDRESS	2415 2ND AVE. E.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNOKE, LARRY A., JR.	3.2 NAME	President
STREET ADDRESS	2415 2ND AVE. E.	3.3 STREET ADDRESS	2415 2nd Ave E
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	Bradenton, FL 34208
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NS 12-17-98
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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SIGNATURE: Elizabeth Anne Snoke **12-4-98**

Date: _____ Daytime Phone #: 0447227

CR2E034 (10/97)