

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

98 DEC 10 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000100282 (7)</b>		
1. Corporation Name <b>M &amp; M WHOLESALE, INC.</b>		

Principal Place of Business <b>6737 SHERIDAN ROAD MELBOURNE FL 32904</b>	Mailing Address <b>6737 SHERIDAN ROAD MELBOURNE FL 32904</b>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified <b>11/24/1997</b>	
4. FEI Number <b>59-3481865</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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	

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>700002713357-1</b>
84 City <b>-12/15/98-01083-005</b>
<b>****150.00</b>

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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D POWELL, MICHAEL W</b>
STREET ADDRESS	<b>6737 SHERIDAN ROAD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D POWELL, MONETTE S</b>
STREET ADDRESS	<b>6737 SHERIDAN ROAD</b>
CITY-ST-ZIP	<b>MELBOURNE FL 32904</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED

1/31/98

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.

**APPLICATION FOR REINSTATEMENT**

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

98 DEC 10 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000000456**

1. Corporation Name

**ROLANDO J. GUTIERREZ ARCHITECTS, INC.**

Principal Place of Business

Mailing Address

2017 DELTA BLVD.  
TALLAHASSEE FL 32303

2017 DELTA BLVD.  
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

4. Date Incorporated or Qualified To Do Business in Florida  
12/15/98-01083-006  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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)

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

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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**

REGISTERED AGENT MUST SIGN

Date

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 4, 98

386-2674  
Daytime Phone #

CR2E40 (9/98)

2012

..... 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:\rig\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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 02/17/1986	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 59-2634816	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		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	
9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208				10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208				81 Name	
9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208				82 Street Address (P.O. Box Number is Not Acceptable)	
9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208				83	
9. Name and Address of Current Registered Agent SNOKE, LARRY A., JR. 2415 2ND AVE. E. BRADENTON FL 34208				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
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	LFS 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			
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			

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SIGNATURE:

*Elizabeth Anne Snok*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-4-98

Date

Daytime Phone # 0447227

CR2E034 (10/97)