

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90006 028 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000100282**

1. Corporation Name

**M & M WHOLESALE, INC.**

Principal Place of Business

6737 SHERIDAN ROAD  
MELBOURNE FL 32904

Mailing Address

1520 BOTTLEBRUSH DRIVE  
PALM BAY, FL. 32905

DO NOT WRITE IN THIS SPACE

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 the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 1520 BOTTLEBRUSH DRIVE

2a. Mailing Address

26 1520 BOTTLEBRUSH DRIVE

Suite, Apt. #, etc.

22 2M

City & State

23 PALM BAY FL.

Zip

24 32905

Country

Suite, Apt. #, etc.

27 2M

City & State

28 PALM BAY, FL.

Zip

29 32905

Country

30

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

Domenic H. Calicchia

82 Street Address (P.O. Box Number is Not Acceptable)

1520 BOTTLEBRUSH DRIVE 2M

83

84

City

Palm Bay

FL

85 Zip Code

32905

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 Domenic H. Calicchia

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME POWELL, MICHAEL W  
STREET ADDRESS 6737 SHERIDAN ROAD  
CITY-ST-ZIP MELBOURNE FL 32904 ☐ DELETE

TITLE D  
NAME POWELL, MONETTE S  
STREET ADDRESS 6737 SHERIDAN ROAD  
CITY-ST-ZIP MELBOURNE FL 32904 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME POWELL, MICHAEL W  
1.3 STREET ADDRESS 1520 BOTTLEBRUSH DRIVE 2M  
1.4 CITY-ST-ZIP PALM BAY, FL. 32905 ☐ Change ☐ Addition

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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.

SIGNATURE: Michael W. Powell

8/6/99 407-951-8878

CR2E034 (5/99)

## PROFESSIONAL ACCOUNTING SERVICES

DOMENIC H. CALICCHIA  
Accountant

1520 Bottle Brush Drive N.E., Suite 2-M  
Palm Bay, Florida 32905  
Office: (407) 951-8878  
Fax: (407) 951-3008  
Mobile: (407) 676-8018

P97000100282  
610476-90006-28

August 24, 1999

State of Florida  
Department of Corporations  
Tallahassee, FL 32314

RE: Annual Report **M & M Wholesale Inc.**

To Whom It May Concern:

Please find enclosed a second copy of the Annual Report for **M & M WHOLESALE, INC.**, duly signed by my client. Also please find enclosed a check #5403, in the amount of One Hundred and Fifty Dollars, (\$150.00) to be applied to the above account.

The original was filed in February, 1999 along with my report for **M & L**. Since the paperwork and checks for both my client's Corporations were filed at the same time, I am at a loss to explain the disappearance of one check.

I respectfully request an abatement of penalties levied on this transaction.

I would greatly appreciate any help you can give me in this matter.

Thank you.

Very truly yours,

  
Domenic H. Calicchia

Encl: Check #5403, for \$150.00