


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

FILED
Jan 21, 1999 8:00am
Secretary of State

01-21-1999 90052 020 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000100987					
1. Corporation Name M. M. & A. LAND CO., INC.					
Principal Place of Business 712 W PIERSON DR LYNN HAVEN FL 32444			Mailing Address PO BOX 1139 LYNN HAVEN FL 32444		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3487895	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCAIN, MARVIN 712 W PIERSON DR LYNN HAVEN FL 32444				81 Name	
				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE				
NAME	MCCAIN, MARVIN E				
STREET ADDRESS	712 W PIERSON DR				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MCCAIN, LENDA H				
STREET ADDRESS	712 W PIERSON DR				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MOWAT, DON				
STREET ADDRESS	PO DRAWER 490 N/A				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MOWAT, NORMA IRENE				
STREET ADDRESS	PO DRAWER 490 N/A				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MOWAT, JAMES M				
STREET ADDRESS	P.O. DRAWER 490 N/A				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
TITLE	D <input type="checkbox"/> DELETE				
NAME	MOWAT, MARION G				
STREET ADDRESS	P.O. DRAWER 490 N/A				
CITY-ST-ZIP	LYNN HAVEN FL 32444				
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					

SIGNATURE: _____

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARVIN E. MCCAIN

Date

Daytime Phone #

1-7-99

858-265-5528

CR2E034 (11/98)