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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000100987

M. M. & A. LAND CO., INC.

Principal Place of Business

Mailing Address

712 W PIERSON DR LYNN HAVEN FL 32444

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

PO BOX 1139 LYNN HAVEN FL 32444

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

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

01-21-1999 90052 020 \*\*\*150.00



11/25/1997

59-3487895

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

4. FEI Number

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

24	25	29	30			Personal Property Tax.	☐ Yes		
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
8									
, , MCCAIN, MARVIN				82	Street	Address (P.O. Box Number is Not Acceptable)			
712 W RIERSON DR				"	Succe	Address (F.O. Box Number is Not Acceptable)			
LYNN HAVEN FL 32444				83					
							<del></del> -		
·				84	City	F	85   Z	ip 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.	Signature, typed or printed name of registered ag	jent and title if applicable. (NO ND DIRECTORS	TE: Registere		signature re	aquired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A	NO DIREC	TOPE IN 12	
TITLE	D OFFICERS A	DELETE		<u>.                                    </u>		ADDITIONS/CHANGES TO OFFICERS A	Chan		
NAME	MCCAIN, MARVIN E	Dell'L		NAME	-			ge C Addition	
	712 W PIERSON DR								
STREET ADDRESS					ADDRÉSS				
CITY-ST-ZIP	LYNN HAVEN FL 32444	[] DELETE		CITY-ST	-ZIP			- Daddin	
TITLE	D D	₩ DEFEIG		IIILE	1		☐ Chan	ge	
NAME	MCCAIN, LENDA H		2.21	AME					
STREET ADDRESS	712 W PIERSON DR		2.3 8	TREET	ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL 32444			CITY-S1	-ZIP				
ΠΠLE	. <b>D</b>	☐ DELETE	3.1 7	3.1 TITLE			Chan	ge 🔲 Addition	
NAME	MOWAT, DON		3.21	MAME					
STREET ADDRESS	PO DRAWER 490 N/A		3.3 9	STREET.	ADDRESS			. j	
CITY-ST-ZIP	LYNN HAVEN FL 32444		3.4.	CITY-ST	-ZIP				
TITLE	D.	☐ DELETE	4,11	TTLE			Chang	ge 🗌 Addition	
NAME	MOWAT, NORMA IRENE		4.2	NAME					
STREET ADDRESS	PO DRAWER 490 N/A		4.3 5	TREET	ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-		ZIP			-	
TITLE	D	☐ DELETE	5.11	TILE			Chang	ge 🗌 Addition	
NAME	MOWAT, JAMES M		5.2 1	AME	1				
STREET ADDRESS	P.O. DRAWER 490 N /A		5.3 \$	TREET	ADDRESS			ſ	
CITY-ST-ZIP	LYNN HAVEN FL 32444		5.4 0	ITY-ST	ZIP				
TITLE	D	☐ DELETE	6.1 1	TILE			Chang	ge Addition	
NAME	MOWAT, MARION G		6.2 N	IAME	ľ			_	
STREET ADDRESS	P.O. DRAWER 490 N/A		6.3 5	TREET	ADDRESS				
CITY-ST-ZIP	LYNN HAVEN FL 32444			ITY-ST-	1				
011 1-01-ZIF	-IIIII IIIII IL ULTIT				لببت				

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.

7-99 850-265-5528
Dayline Phone #

CR2E034 (11/98)