

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).

PROFIT  
CORPORATION  
ANNUAL REPORT

1999



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

DOCUMENT # P98000081127

FOUR SQUARE M CORP.

FILED  
Sep 08, 1999 8:00 am  
Secretary of State

09-08-1999 90008 037 \*\*\*550.00



Principal Place of Business  
25 REDWING ROAD  
GROVELAND FL 34736

Mailing Address  
6625 REDWING ROAD  
GROVELAND FL 34736

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1998	
25		26		4. FEI Number 59-3533401	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Zip		Country	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MENEFFEE, E. MAY 6625 REDWING ROAD GROVELAND FL 34736				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
D <input type="checkbox"/> DELETE		1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
ET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE		2.2 NAME	
ST-ZIP		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP		3.1 TITLE	
D <input type="checkbox"/> DELETE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
ET ADDRESS		4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS	
ST-ZIP		4.4 CITY-ST-ZIP		5.1 TITLE		5.2 NAME	
D <input type="checkbox"/> DELETE		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	
ET ADDRESS		6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
ST-ZIP		D <input type="checkbox"/> DELETE		D <input type="checkbox"/> DELETE		D <input type="checkbox"/> DELETE	

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.

GNATURE: RECFRANK MENEFFEE 4/2/99 352-429 0924

CR2E034 (5/99)