FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S31753** **(4)**

1. Corporation Name
MMM HOLDING, INC.

Principal Place of Business	Mailing Address
1110 N.W. 6TH STREET GAINESVILLE FL 32601	1110 N.W. 6TH STREET GAINESVILLE FL 32601

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	21 305 N.E. 1st Street	2a. Mailing Address	26 305 N.E. 1st Street
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23 Gainesville, FL	City & State	28 Gainesville, FL
Zip / Country	24 32601 / 25 USA	Zip / Country	29 32601 / 30 USA

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-3058195 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [X] Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EDINGER, GARY S 1110 N.W. 6TH STREET GAINESVILLE FL 32601	81 Name: Gary S. Edinger 82 Street Address (P.O. Box Number is Not Acceptable): 305 N.E. 1st Street 83 84 City: Gainesville FL 85 Zip Code: 32601

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] R.A. 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	P [X] Change ☐ Addition
NAME	~~CHAMBERS, JOHN~~	12 NAME	JERRY SULLIVAN
STREET ADDRESS	~~17035 S.E. COUNTY RD. 234~~	13 STREET ADDRESS	17035 S.E. County Road 234
CITY ST ZIP	~~MICANOPY FL 32614~~	14 CITY ST ZIP	Micanopy, FL 32667
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SMITH, CLYDE	22 NAME	
STREET ADDRESS	17035 S.E. COUNTY RD 234	23 STREET ADDRESS	
CITY ST ZIP	MICANOPY FL 32614	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 4/30/95 (904) 338-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0003480 CF