

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # V24697 (7)

1. Corporation Name

M & D INVESTMENTS, INC.



Principal Place of Business

Mailing Address

419 SOUTH RD  
LAKELAND FL 33809

419 SOUTH RD  
LAKELAND FL 33809

2. Principal Place of Business

2a. Mailing Address

21 5611 Emerald Ridge Blvd 26 5611 Emerald Ridge Blvd.

Suite, Apt #, etc

Suite, Apt #, etc.

22 City & State

27 City & State

23 Lakeland Florida

28 Lakeland Florida

24 Zip 33813

25 Country Polk

29 Zip 33813

30 Country Polk

3. Date Incorporated or Qualified  
03/26/1992

3a. Date of Last Report  
05/01/1995

4. FEI Number  
65-0328344

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOSS, MICHAEL  
419 SOUTH ROAD  
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name Michael Doss  
82 Street Address (P.O. Box Number is Not Acceptable)  
5611 Emerald Ridge Blvd  
83  
84 City Lakeland FL 85 Zip Code 33809

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

Michael C Doss

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

(NOTE: Registered Agent signature required when reissuing)

6-24-96

Date

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DOSS, MICHAEL  
STREET ADDRESS 419 SOUTH RD  
CITY - ST - ZIP LAKELAND FL 33809-2242

TITLE D  
NAME WOODALL, DENNIS  
STREET ADDRESS 912 VICTORIA ST  
CITY - ST - ZIP BRANDON FL 33510

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE Michael Doss  
12 NAME  
13 STREET ADDRESS 5611 Emerald Ridge Blvd.  
14 CITY - ST - ZIP Lakeland Fl, 33809

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

Michael C Doss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-24-96 813-687-8020

Date

Corporate Phone #

CR2E034 (3/96)