

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J14538

**Entity Name:** M.T.A. INVESTMENTS, INC.**Current Principal Place of Business:**3960 MEDINA ROAD  
AKRON, OH 44333**Current Mailing Address:**3960 MEDINA ROAD  
AKRON, OH 44333 US**FEI Number:** 59-2738546**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THOMPSON, MICHAEL W  
1846 GULF BLVD  
ENGLEWOOD, FL 34223 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                     |
|-----------------|---------------------|
| Title           | DP                  |
| Name            | THOMPSON, MICHAEL W |
| Address         | 1846 GULF BLVD      |
| City-State-Zip: | ENGLEWOOD FL 34223  |

|                 |                  |
|-----------------|------------------|
| Title           | VT               |
| Name            | TAYLOR, MARY LOU |
| Address         | 3960 MEDINA RD   |
| City-State-Zip: | AKRON OH 44333   |

|                 |                   |
|-----------------|-------------------|
| Title           | DV                |
| Name            | STEFANINI, JOSEPH |
| Address         | 3960 MEDINA RD    |
| City-State-Zip: | AKRON OH 44333    |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARYLOU TAYLOR**TREASURER****03/02/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date