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 PM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **164254** **(5)**

1. Corporation Name

MADISON INDUSTRIES, INC.

Principal Place of Business	Mailing Address
C/O J.B. DAVIS JR. 420 LAKE SHORE DR. MADISON FL 32340	C/O J.B. DAVIS JR. 420 LAKE SHORE DR. MADISON FL 32340

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/13/1951**
3a. Date of Last Report: **08/12/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-6071275** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24
Country — 25
Zip — 29
Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CANTEY, P. S., JR.
211 WEST BASE STREET
MADISON FL 32340

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip 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* _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change XX Addition — PRESIDENT
NAME	DAVIS, J. B., JR.	1.2 NAME	SMITH, ARTHUR G,
STREET ADDRESS	420 LAKESHORE DRIVE	1.3 STREET ADDRESS	P. O. BOX 590, 201 N. E. Fraleigh Drive
CITY-ST-ZIP	MADISON FL 32340	1.4 CITY-ST-ZIP	MADISON, FLORIDA 32340
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	NAUGHTON,F E	2.2 NAME	800001489888
STREET ADDRESS	402 S.HORRY ST.	2.3 STREET ADDRESS	-05/17/95--01015--013
CITY-ST-ZIP	MADISON FL 32340	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, WILLIAM B.	3.2 NAME	
STREET ADDRESS	105 S.E. LAKE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	CANTEY, P. S., JR.	4.2 NAME	
STREET ADDRESS	211 WEST BASE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	HARDEE, CARY	5.2 NAME	
STREET ADDRESS	215 SE PINCKNEY ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	BEGGS, ASHLEY P.	6.2 NAME	
STREET ADDRESS	301 N.W. ORANGE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON FL 32340	6.4 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: Ashley P Beggs 4-28-95
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

DOCUMENT CP