FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **01/13/1951**	3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-6071275**	☐ 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

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 an officer is listed (NOTE: Registered Agent signature is required when new agent listed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	DAVIS, J. B., JR.		1.2 NAME	SMITH, ARTHUR G.	
STREET ADDRESS	420 LAKESHORE DRIVE		1.3 STREET ADDRESS	P. O. Box 590, 101 N.W Fraleigh Dr	
CITY-ST-ZIP	MADISON FL 32340		1.4 CITY-ST-ZIP	MADISON, FLORIDA 32340	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NAUGHTON,F E		2.2 NAME		
STREET ADDRESS	402 S.HORRY ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	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	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CANTEY, P. S., JR.		4.2 NAME		
STREET ADDRESS	211 WEST BASE STREET		4.3 STREET ADDRESS	300001778653	
CITY-ST-ZIP	MADISON FL 32340		4.4 CITY-ST-ZIP	-04/12/96--01066--009	
TITLE	D	☐ DELETE	5.1 TITLE	***200.00	☐ 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	☐ DELETE	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		

ASB 4-12-96

CR2E084 (12/95)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ Vice President Mar. 29, 1996 904-973-6119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #