SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1951
3a. Date of Last Report: 04/12/1996

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:

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, J B JR		1.2 NAME		
STREET ADDRESS	420 LAKESHORE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MADISON FL 32340		1.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ARTHUR G		2.2 NAME		
STREET ADDRESS	101 NW FRALEIGH DRIVE		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		
CITY-ST-ZIP	MADISON FL 32340		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	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	☐ 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		

CR2E034 (4/97)

14. I do hereby certify that the information supplied with this filing 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 _____