

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90044 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 164254

1. Corporation Name
MADISON INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified
01/13/1951

4. FEI Number
59-6071275

5. Certificate of Status Desired **\$8.75** Additional Fee Required Not Applicable

6. Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, J B JR	
STREET ADDRESS	420 LAKESHORE DRIVE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SMITH, ARTHUR G	
STREET ADDRESS	101 NW FRALEIGH DRIVE	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARK, WILLIAM B	
STREET ADDRESS	105 S.E. LAKE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANTEY, P S JR	
STREET ADDRESS	211 WEST BASE STREET	
CITY-ST-ZIP	MADISON FL 32340	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDEE, CARY	
STREET ADDRESS	215 SE PINCKNEY ST.	
CITY-ST-ZIP	MADISON FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BEGGS, ASHLEY P	
STREET ADDRESS	301 N.W. ORANGE STREET	
CITY-ST-ZIP	MADISON FL 32340	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-99 850 973-2215

CR2E034 (11/98)