FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 4-26-95

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

3-45(W)

APPROVED AND FILED

95 APR 26 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F25425 (2)

1. Corporation Name

MAXJET, INC.

Principal Place of Business	Mailing Address
135 E. MAIN STREET PO BOX 1849 DUNDEE FL 33838-4219	135 E. MAIN STREET PO BOX 1849 DUNDEE FL 33838-4219

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1981

3a. Date of Last Report: 03/16/1994

2. Principal Place of Business
21 8400 LAKE TRASK ROAD
22 Suite, Apt. #, etc.
23 City & State: DUNDEE, FL
24 Zip: 33838 25 Country: USA

2a. Mailing Address
26 P.O. BOX 1849
27 Suite, Apt. #, etc.
28 City & State: DUNDEE, FL
29 Zip: 33838 30 Country: USA

4. FEI Number: 59-2316511 ☐ 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

THAYER, SUSAN S.
3808 GAINES COVE DR.
WINTER HAVEN FL 33884

10. Name and Address of New Registered Agent

81 Name: THAYER, SUSAN S.
82 Street Address (P.O. Box Number Is Not Acceptable): 8400 LAKE TRASK ROAD
83
84 City: DUNDEE FL 85 Zip Code: 33838

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: [signature] SUSAN S. THAYER - PRESIDENT 4/30/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	T	☒ Change ☐ Addition
NAME	THAYER, THOMAS A. JR.	1.2 NAME		
STREET ADDRESS	1895 ELOISE LOOP RD.	1.3 STREET ADDRESS	132 43RD AVE. S.W.	
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	VERO BEACH, FL 32962	
TITLE	P	2.1 TITLE		☒ Change ☐ Addition
NAME	THAYER, SUSAN S.	2.2 NAME		
STREET ADDRESS	3808 GAINES COVE DR.	2.3 STREET ADDRESS	8400 LAKE TRASK ROAD	
CITY-ST-ZIP	WINTER HAVEN FL	2.4 CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE	ST	3.1 TITLE	S	☒ Change ☐ Addition
NAME	DUNSON, VIRGINIA T.	3.2 NAME		
STREET ADDRESS	6743 WINTERSET GDNS RD.	3.3 STREET ADDRESS	135 MAIN ST.	
CITY-ST-ZIP	WINTER HAVEN FL	3.4 CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE		4.1 TITLE	V	☐ Change ☒ Addition
NAME		4.2 NAME	ANN S. THAYER	
STREET ADDRESS		4.3 STREET ADDRESS	135 MAIN ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DUNDEE, FL 33838	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: [signature] SUSAN S. THAYER 4/30/95 813 439-3667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0449001 FP