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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F25425

MAXIJET, INC.

Principal Place of Business Maling Address DUNDRE FL 33838 US 2. Malling Address DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE SUES 3. Date Incorporated or Qualified OX/16/1989 DO NOT WRITE IN THIS SPACE OX/16/1989 DO NOT WRITE IN THIS SPACE SUES A FEI Number SPACE SUES, Apt. #, etc. SUES, Apt. #, etc. Z7 Z7 Z9 City & State Z9 City & State Z9 Country Zp Coun										
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US 2. Principal Place of Business 2. A Mailing Address 2. Mailing Address 3. (1) FEI Number 3. (2) Suite, Apt. #, etc. 3. (2) Country 4. (2) Country 5. (2) Country 6. Election Campaign Financing 7 Trust Fund Contribution 7 Engagement owes the current year Inalignible 8. This companion west the current year Inalignible 8. Personal Property Tax. 1. Name and Address of Current Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Name and Address of New Registered Agent 1. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of Section 607 0502 and 607 1508. Fiorida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of Section 607 0502 and 607 1508. Fiorida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, and familiar with, and accept the obligations of Section 607 0502 and 607 1508. Fiorida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, and the provisions of Section 607 0502 and 607 1508. Fiorida Statutes, the above-named corporations submits this statement for the purpose of changing its registered agent, and an address of Popular agent, and an address of Popular agent age	PO BOX 1849		DUNDEE FL 33838		DO NOT WRITE IN THIS SPACE					
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Zip	<u> </u>	<u>├</u> ─┐			1 . *			*		
9. Name and Address of Current Registered Agent THAYER, SUSAN S. 8400 LAKE TRASK ROAD DUNDEE FL 33838 82 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes. SIGNATURE Signature, typed or predict name of registered agent agent are site of Provision of Section 807.0505, Florida Statutes. SIGNATURE TILE THAYER, THOMAS A. JR. 12 NAME 132 43RD AVE. S.W. 13 STREET ADDRESS CITY-ST-ZIP TITLE P DELETE 11 TILE P DELETE 11 TILE P DELETE 11 TILE 11 TILE 12 NAME 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition NAME THAYER, SUSAN S. 320 8GAINES COVE DR. WINTER HAVEN, FL 14 CITY-ST-ZIP UNINSON, VIRGINIA T. 32 NAME 32 NAME 32 NAME 34 City 4 City 4 TITLE 15 Code 15 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition NAME AND S. THAYER, THOMAS A. JR. 13 STREET ADDRESS CITY-ST-ZIP UNINSON, VIRGINIA T. 32 NAME 33 NAME 34 City 4 City 4 L City	Zip	r— '	Zip	-	1			ent year Inta		∐No
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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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

DELETE

☐ DELETE

FILED

Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90043 015 ***150.00

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