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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

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Feb 10 1997 8:00am

Secretary of State

352-3740740

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SIGNATURE:

DOCUMENT # K66168

(1)

S.M. MAAPS, INC.

•	e of Business	Ma	ailing Address				at makin didin midil	i dilini dilini	
ROUTE 3. BOX 176A LAKE CITY FL 32055		26	% Barbara A. Burkett 2830 NW 41St Street, Ste. I Gainesville Fl 32808-6687						
						3. Date Incorporated or Qualified 02/16/1989	3a. Date o		eport
2. Principal Pi Ti	Jace of Business		Mailing Address			4. FEI Number		Ap	plied For
1	II	26				59-2930601			t Applicable
Suite, Apt i	#, etc.	27	Suite, Apt. #, etc.			5. Certificate of Status Desired	ST S	<b>8.75</b> A Fee Re	ldditional quired
City & State	2	28	City & State		***************************************	Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t	•
Zip	Country		Zip	Coun	ry	8. This corporation has liability for		under s.	
4	25   9. Name and Address	of Current Regis	tered Agent	30		Florida Statutes  10. Name and Address of New Re	Yes N		
D) (C	RKETT, BARBARA A.	o continuiting			1 Name	10. Hallie and Addison of Hew He	Assessor whe		
	0 NW 41ST ST			<u> </u>					
SUN					2 Street Add	dress (P.O. Box Number is Not Acceptal	ble)		
	NESVILLE FL 32606			8	3				
Oral	THEOTILEE TE DEOUG			ļ			· · · · · · · · · · · · · · · · · · ·		
				le le	4 City		FL 8	<b>5</b> Zip (	Code
11. Pursuant t	to the provisions of Sectio	ns 607.0502 and 6	07.1508, Florida Sta	atutes, the abo	ve-named cor	rporation submits this statement for the p	ournose of cha	anging its	registered
office or re	ogistered agent, or both, I	n the State of Florid It the obligations of	da Such change wi L Section 607 0505	as authorized - Florida Statut	by the corpora	ation's board of directors. I hereby acce	pt the appoint	ment as	registered
agent. Lai									
	in manipal war, and accep	, the annual co	, 0001011 001 10000						
SIGNATURE	Signature, typed or perfect name of	·		NOTE: Registered A		uirad when reinstating)	DATE		
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