

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K66168 (1)
1. Corporation Name
S.M. MAAPS, INC.

Principal Place of Business
ROUTE 3, BOX 176A
LAKE CITY FL 32055

Mailing Address
% BARBARA A. BURKETT
2830 NW 41ST STREET, STE. 1
GAINESVILLE FL 32606-6667



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1989	
21		26	RT 3, Box 6004	4. FEI Number 59-2930601	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	
23		28	Lake City, FL		
Zip	Country	Zip	Country		
24		29	32024	30	COLUMBIA

9. Name and Address of Current Registered Agent BURKETT, BARBARA A. 2830 NW 41ST ST SUITE 1 GAINESVILLE FL 32606		10. Name and Address of New Registered Agent	
		81 Name	TERRY R. MCDAVID
		82 Street Address (P.O. Box Number is Not Acceptable)	128 S. Hernando Street
		83	
		84 City	Lake City FL 85 Zip Code 32056

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 understand the obligations of Section 607.0505, Florida Statutes.

SIGNATURE  TERRY MCDAVID 4-24-98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	☐ Change ☐ Addition
NAME	MOUKHTARA, MICHEL	1.2 NAME	
STREET ADDRESS	4417 NW 20TH LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	
TITLE	VPS	2.1 TITLE	☐ Change ☐ Addition
NAME	MOUKHTARA, SAYED	2.2 NAME	
STREET ADDRESS	10 MOUKHTARA STREET, P.O. BOX 447	2.3 STREET ADDRESS	
CITY-ST-ZIP	BANJUL TH	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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:  Michel Moukhtara 4-24-98 904-755-4960

CR2E034 (10/97)