FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995.**

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

APPROVED AND FILED
95 JUL 12 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 280972 (1)

1. Corporation Name
THE MAYHUE CORPORATION

Principal Place of Business	Mailing Address
625 N.E. 4 STREET % CARL L. MAYHUE FT LAUDERDALE FL 33301	625 N.E. 4 STREET % CARL L. MAYHUE FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/08/1964
3a. Date of Last Report: 02/15/1994

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

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-1094683 ☐ 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

9. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

MAYHUE, CARL L.
625 N.E. 4TH ST
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	BELLEVUE, WONETA A.	12 NAME	200001536922
STREET ADDRESS	2400 NE 7TH PLACE	13 STREET ADDRESS	-07/13/95--01057--004
CITY-ST-ZIP	FT LAUDERDALE FL	14 CITY-ST-ZIP	****200.00 ****200.00
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	KLEIN, CATHERINE	22 NAME	200001536922
STREET ADDRESS	74 FAR CORNERS LOOP	23 STREET ADDRESS	-07/13/95--01057--005
CITY-ST-ZIP	SPARKS MD	24 CITY-ST-ZIP	*****25.00 *****25.00
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WATERS, E.M.	32 NAME	200001536922
STREET ADDRESS	4250 GALT OCEAN DR #7D	33 STREET ADDRESS	-07/13/95--01057--006
CITY-ST-ZIP	FT LAUDERDALE FL	34 CITY-ST-ZIP	******8.75 ******8.75
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	KLEIN, S.L.	42 NAME	
STREET ADDRESS	29794 FOXHILL RD	43 STREET ADDRESS	
CITY-ST-ZIP	PERRYSBURG OH	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	MAYHUE, C.L.	52 NAME	
STREET ADDRESS	202 NURMI DR	53 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	54 CITY-ST-ZIP	
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	MAYHUE, FERN I.	62 NAME	
STREET ADDRESS	202 NURMI DR	63 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	64 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)(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 changed, or on an attachment with an address.

SIGNATURE: Carl L Mayhue Pres 7-10-95 (305) 764-4343
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0210338 CP