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Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90011 015 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 280972

1. Corporation Name

THE MAYHUE CORPORATION

Principal Place of Business

625 N.E. 4 STREET
% CARL L. MAYHUE
FT LAUDERDALE FL 33301

Mailing Address

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

4. FEI Number

59-1094863

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 owes the current year Intangible
Personal Property Tax.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 STD
NAME BELLEVUE, WONETA A.
STREET ADDRESS 2400 NE 7TH PLACE
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE D
NAME KLEIN, CATHERINE
STREET ADDRESS 74 FAR CORNERS LOOP
CITY-ST-ZIP SPARKS MD

DELETE

TITLE D
NAME WATERS, E.M.
STREET ADDRESS 4250 GALT OCEAN DR #7D
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE D
NAME KLEIN, S.L.
STREET ADDRESS 29794 FOXHILL RD
CITY-ST-ZIP PERRYSBURG OH

DELETE

TITLE PD
NAME MAYHUE, C.L.
STREET ADDRESS 202 NURMI DR
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

TITLE VD
NAME MAYHUE, FERN I.
STREET ADDRESS 202 NURMI DR
CITY-ST-ZIP FT LAUDERDALE FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)