

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

FILED
Feb 20, 1999 8:00 am
Secretary of State

02-20-1999 90157 037 ***150.00

DOCUMENT # 328138

1. Corporation Name
MAISONETTES SOUTH INC

Principal Place of Business
6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435

Mailing Address
6849 N. OCEAN BLVD
OCEAN RIDGE FL 33435



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/29/1968

4. FEI Number

59-1286294

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FARR, MARY LOU
6849 NORTH OCEAN BLVD
OCEAN RIDGE FL 33435

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 *Mary Lou Farr* *Mary Lou Farr*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/4/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME DP
STREET ADDRESS GRABNER, GEORGE
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS MCKENNEY, PAUL
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE, FL 00000

TITLE ☐ DELETE
NAME DV
STREET ADDRESS MACCRACKEN, MRS. G H
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE, FL 00000

TITLE ☐ DELETE
NAME DT
STREET ADDRESS LANDEN, JOHN L
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE, FL 00000

TITLE ☐ DELETE
NAME SAT
STREET ADDRESS FARR, MARY LOU
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE, FL 00000

TITLE ☐ DELETE
NAME D
STREET ADDRESS WHEELER, HENRY
CITY-ST-ZIP 6849 N OCEAN BLVD
OCEAN RIDGE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: *Mary Lou Farr* *Mary Lou Farr* 1/4/99 361-737-6720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)