SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 27 AM 10:18
TALLAHASSEE, FLORIDA

DOCUMENT # **570809** **(4)**

1. Corporation Name
MAYFLYER, INC.

Principal Place of Business	Mailing Address
1470 MAPLE FOREST DR. CLEARWATER FL 34624-2802 US	1470 MAPLE FOREST DR CLEARWATER FL 34624 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/02/1978
3a. Date of Last Report: 07/28/1994

2. Principal Place of Business
21: 304 Harborview Lane
22: Suite, Apt. #, etc.
23: City & State: Largo, Fl
24: Zip: 34640
25: Country: US

2a. Mailing Address
26: 304 Harborview Lane
27: Suite, Apt. #, etc.
28: City & State: Largo Fl
29: Zip: 34640
30: Country: US

4. FEI Number: 59-1815642 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAY, FARNSWORTH R., M.D.
1470 MAPLE FOREST DR
APARTMENT NO. 1303
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name: Same
82 Street Address (P.O. Box Number is Not Acceptable): 304 Harborview Lane
83:
84 City: Largo **FL** 85 Zip Code: 34640

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, type or print 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	ST	11 TITLE	Same	☑ Change ☐ Addition
NAME	MAY, FARNSWORTH R, MD	12 NAME	Same	
STREET ADDRESS	1470 MAPLE FOREST DR	13 STREET ADDRESS	304 Harborview Lane	
CITY ST ZIP	CLEARWATER, FL 00000	14 CITY ST ZIP	Largo, Fl 34640	
TITLE	PD	21 TITLE	Same	☑ Change ☐ Addition
NAME	MAY FARNSWORTH R MD	22 NAME	Same	
STREET ADDRESS	1470 MAPLE FOREST DR	23 STREET ADDRESS	304 Harborview Lane	
CITY ST ZIP	CLEARWATER, FL 00000	24 CITY ST ZIP	Largo, Fl 34640	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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 if changed, or on an attachment with an address.

SIGNATURE: _____ 7/24/95 _____ 813 461 3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0166049 FP