

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **672311** (8)  
1. Corporation Name  
**MAUPIN ENTERPRISES, INC.**



Principal Place of Business  
**3731 NE 25TH STREET  
OCALA FL 32670**

Mailing Address  
**3731 NE 25TH STREET  
OCALA FL 32670**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3330 SE 58<sup>th</sup> Avenue</b> Suite, Apt. #, etc. 22		2a. Mailing Address 26 <b>3330 SE 58<sup>th</sup> Avenue</b> Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified <b>06/04/1980</b>		3a. Date of Last Report <b>05/01/1996</b>	
23 <b>Ocala, Florida</b> City & State		28 <b>Ocala, Florida</b> City & State		4. FEI Number <b>59-2006333</b>		Applied For Not Applicable	
24 <b>34471</b> Zip		25 <b>MARION</b> Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
29 <b>34471</b> Zip		30 <b>MARION</b> Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>LINER, DAVID E. 3731 NE 25 ST OCALA FL 32670</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 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	<b>P</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINER, DAVID</b>	1.2 NAME	
STREET ADDRESS	<b>3731 N.E. 25TH STREET</b>	1.3 STREET ADDRESS	<b>3330 SE 58<sup>th</sup> Avenue</b>
CITY-ST-ZIP	<b>OCALA, FL 00000</b>	1.4 CITY-ST-ZIP	<b>Ocala, FL. 34471</b>
TITLE	<b>S</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, BONNIE L</b>	2.2 NAME	
STREET ADDRESS	<b>3731 NE 25TH STREET</b>	2.3 STREET ADDRESS	<b>3330 SE 58<sup>th</sup> Avenue</b>
CITY-ST-ZIP	<b>OCALA FL</b>	2.4 CITY-ST-ZIP	<b>Ocala, FL. 34471</b>
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 unchanged, or on an attachment with an address.

CR2E034 (4/97)