

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

MAY - 1 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 680615

(2)

1. Corporation Name

MABOB INC.

Principal Place of Business

1200 EAST CARROLL STREET
P.O. BOX 450038
KISSIMMEE FL 34745-7038

Mailing Address

1200 EAST CARROLL STREET
P.O. BOX 450038
KISSIMMEE FL 34745-7038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1980

3a. Date of Last Report

05/01/1994

4. FFI Number

59-2030349

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. The corporation has liability for intangible tax under S. 1169.032,
Florida Statutes. ☒ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Street, Apt. #, etc.

Street, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCEWAN, O.B.
108 EAST CENTRAL BLVD.
ORLANDO FL 32801

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 607.1208, 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 of Registered Agent or New Registered Agent)

(Signature of Registered Agent or New Registered Agent)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME	ST SAMS, DIANA J.
12.2 STREET ADDRESS	749 SHADOW OAKS DRIVE
12.3 CITY, ST, ZIP	KISSIMMEE FL
12.4 NAME	PD SAMS, MASON E.
12.5 STREET ADDRESS	1200 E. CARROLL STREET
12.6 CITY, ST, ZIP	KISSIMMEE FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13.1 NAME	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 NAME	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 NAME	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 NAME	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.01(1)(b), Florida Statutes. I further certify that the information supplied 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. I am a duly qualified officer or director of the corporation on the return of this report and I am authorized to execute this report as required by Chapter 689, Florida Statutes, and that my name appears on the list of officers or directors on the return of this report.

SIGNATURE:

Diana J. Sams DIANA J. SAMS 4-28-95

409-870-7692

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR