## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 685699

(1)

MAHAFFEY, INC.

## FILED Apr 15 1997 8:00am Secretary of State

Principal Place of Business Mailing Address  C/O RICHARD L MAHAFFEY C/O RICHARD L MAHAFFEY 1510 S. GROVE AVENUE 1510 S. GROVE AVENUE  FT. MYERS FL 33919 FT. MYERS FL 33919-1713								
					3. Date Incorporated or Qualified 08/27/1980		e of Last R <b>9/1996</b>	eport
·	Place of Business	2a. Mailing Address 26			4. FEI Number 59-2023639		h	oplied For
21 Suite, Apt.	.#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Certificate of Status Desired		Not Applicable  \$8.75 Additional Fee Required	
City & Sta	le	City & State			6. Election Campaign Financing		\$5.00	····
23	Country	<b>28</b> Zip	Country		Trust Fund Contribution		Added	to Fees
Ζιρ <b>24</b>	25 29 30				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  No			
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	egistered A	gent	
	HAFFEY, RICHARD L		81	Name				
1510 GROVE AVE			82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
FI	MYERS FL		83		<del> </del>		<del></del>	<del></del>
				100				
ľ			84	City		FL	<b>85</b> Zip	Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508. Florida Statute	s the above-	named corp	poration submits this statement for the		hanging i	is registered
office or	registered agent, or both, in the Sta	ate of Florida. Such change was a	uthorized by	the corporat	poration submits this statement for the tion's board of directors. I hereby acce	pt the appo	intment as	registered
	ал залиаг with, ана асферт не ор	nigations of, Section 667.0000, Flo	inua Statutes.					
SIGNATURE	Signature Typed or presed name of registered	agent and little if applicable. (NOTE	Registered Agen	t signature requir	ed when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTO	
FILE	PDV	DELETE	1,1 TITLE				Change	Addition Addition
NAME	MAHAFFEY, RICHARD L.		1.2 NAME					
STREET ADDRESS	1510 S. GROVE AVENUE		1.3 STREET A	DORESS				
C!TY-SE-ZIP	FT MYERS FL		1.4 CITY - ST	- ZIP				
TITLE	SOT	DELETE	2.1 TITLE	-		* L	Change	Addition
NAME	MAHAFFEY, MARIE		2.2 NAME					
STREET ADDRESS	1510 S. GROVE AVENUE		2 3 STREET A	NDDAESS				
CITY-ST-ZiP	FT MYERS FL	- Dr. Fre	2.4 CITY-ST	-ZIP				
THILE		☐ DELETE	3.1 TITLE			ı	Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET A					
CITY - SI - ZIP		Driete	3.4. CITY-51	-ZIP		т	Change	Addition
TITLE		☐ DELETE	4.1 TITLE	}		ļ	Change	L.J Aduntion
NAME DANGET ACCOUNTS			4 2 NAME	DDDCCC				
STREET ADDRESS			4 3 STREET A	l l				
C(1Y - S1 - ZII'		DELETE	4.4 CITY - ST 5.1 TITLE	-217			Change	Addition
NAME			5.1 MILE 5.2 NAME	1			— managa	Asserted
STREET ADDRESS			5.2 NAME 5.3 STREET A	IDDRESS				
CITY - S1 - 74P			5.4 CITY-ST					
	1							
		T DELETE		- ZIP	<del></del>		Channe	Addition
TIT_F		DELETE	6 1 TITLE	-2119			Change	Addition
TIT_E NAME		☐ DELETE	6.1 TITLE 6.2 NAME				Change	Addition
Tiff_F		☐ DELETE	6 1 TITLE	address			Change	Addition

If 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 required or the corporation or the required or the corporation and that my name appears in Block 12 or Black 13 if changed, own an intachnicit with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SUPPLY

OFFICER OR DIRECTOR

4-0-97

941-939-1962 Daytine Phone #