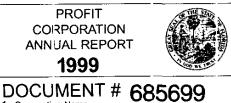
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

1. Corporation Name MAHAFFEY, INC.



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretar / of State DIVISION OF CORPORATIONS

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90068 004 \*\*\*150.00

Mailing Address Principal Place of Business C/O RICHARD L MAHAFFE? C/O RICHARD L MAHAFFEY 1510 S. GROVE AVENUE 1510 S. GROVE AVENUE DO NOT WRITE IN THIS SPACE FT. MYERS FL 33919 FT. MYERS FL 33919 3. Date Incorporated or Qualifed 08/27/1980 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-2023639 Not Applicable 21 26 \$8.75 Additional Suite, Ap . #, etc. Suite, Apt. #, etc. 5. Certifcare of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Ir tangible Zip Country **ElNo** Personal Property Tax. 30 25 24 10. Name and Address of New Registered Agent 9. Name and Addr∋ss of Current Registered Agent Name MAHAFFEY, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1510 GROVE AVE FT MYERS FL 83 85 Zip Code 84 City 11. Pursuar t to the provisions of Sections 607.0502 and 607.1508, Florida Statutiss, 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 nan e of registered agent and title if applicable (NOTE Registered Agent signature requi ed when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE SDT MAHAFFEY, RICHARD L. ☐ Change 1.1 TITLE TITLE MAHAFFEY, RICHARD L. 12 NAME NAME 1510 S. Grove Avenue 1510 S. GROVE AVENUE 1.3 STREET ADDRESS STREET ADDRESS Ft. Myers, Fla., 33919 FT MYERS FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE SDT 2.1 TITLE TITLE MAHAFFEY, MARIE 2.2 NAME NAME 1510 S. GROVE AVENUE 2 3 STREET ADDRESS STREET ADDRESS FT MYERS FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ DELETE Change ☐ Addition 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRE 3S 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 cartify 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 peport 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 an other law empowered.

SIGNATURE:

Fichard L. Mahaffey 941-939-1952

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