

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90190 042 ***150.00

DOCUMENT # 697293

1. Corporation Name

MAVIDON CORPORATION

Principal Place of Business

**3953 S W BRUNER TERRACE
P. O. BOX 1317
PALM CITY FL 34990**

Mailing Address

**3953 S W BRUNER TERRACE
P. O. BOX 1317
PALM CITY FL 34991
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1981

4. FEI Number

58-1391368

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**MASCIA, VINCENT J
6464 SPY GLASS LN
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name

David J. Macia

82 Street Address (P.O. Box Number is Not Acceptable)

1680 S W Belgrave Ter

83

84 City
Stuart

FL

85 Zip Code
34997

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

VP & Treasurer

April 21, 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **HORA, CHARLES J**
STREET ADDRESS **3953 BRUNER TERR.**
CITY-ST-ZIP **PALM CITY FL 34990-1317**

TITLE **D**
NAME **WRIGHT, JAMES W**
STREET ADDRESS **3935 BRUNER TERR.**
CITY-ST-ZIP **PALM CITY FL 34990-1317**

TITLE **D**
NAME **LEWIS, DAVID L**
STREET ADDRESS **3935 BRUNER TERR.**
CITY-ST-ZIP **PALM CITY FL 34990-1317**

TITLE **D**
NAME **MASCIA, THOMAS M.**
STREET ADDRESS **1600 BELGRAVE TERR.**
CITY-ST-ZIP **STUART FL**

TITLE **VD**
NAME **MASCIA, DAVID J**
STREET ADDRESS **1680 S W BELGRAVE TER**
CITY-ST-ZIP **STUART, FL 00000**

TITLE **SD**
NAME **MASCIA, ROBERTA**
STREET ADDRESS **6464 SPY GLASS LANE**
CITY-ST-ZIP **STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED VP & Treasurer

April 21, 1999 (919) 468-5979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)