

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90190 030 \*\*\*\*61.25

DOCUMENT # 760163

1. Corporation Name

MINIMAX, INC.

Principal Place of Business

718 SW 67 TERRACE  
GAINESVILLE FL 32603  
US

Mailing Address

5601 NW 29 TERRACE  
GAINESVILLE FL 32653  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/23/1981

4. FEI Number

59-2237416

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

9. Name and Address of Current Registered Agent

BENNETT, GORDON  
6793 W NEWBERRY ROAD #239  
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

32607

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE VD  
NAME STEWART, EDWIN P.  
STREET ADDRESS 4132 HENIARD DR.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE PD  
NAME BENNETT, GORDON  
STREET ADDRESS 6793 W NEWBERRY ROAD  
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE TD  
NAME SCHUMAN, WERNER  
STREET ADDRESS RT. 3. BOX 56 B  
CITY-ST-ZIP HAWTHORNE FL 32640

TITLE SD  
NAME STEWART, LUCILLE  
STREET ADDRESS 4132 HENIARD DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32303

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary - Treasurer ☒ Change ☐ Addition  
1.2 NAME Edwin P. Stewart  
1.3 STREET ADDRESS 4132 Heniard Drive  
1.4 CITY-ST-ZIP Tallahassee, FL 32303

2.1 TITLE President ☒ Change ☐ Addition  
2.2 NAME Gordon Bennett  
2.3 STREET ADDRESS 3384 W University Ave. #239  
2.4 CITY-ST-ZIP Gainesville FL 32607

3.1 TITLE Vice President ☒ Change ☐ Addition  
3.2 NAME Werner Schuman  
3.3 STREET ADDRESS Rt 3. Box 56 B  
3.4 CITY-ST-ZIP Hawthorne, FL 32640

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

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

6.1 TITLE ☐ Change ☐ Addition  
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 617, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E037 (11/98)