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FILED

Apr 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 826830 (2)

1. Corporation Name  
MAREDO, INC.

Principal Place of Business  
1200 SE LAKEVIEW DRIVE  
P.O. BOX 1963  
SEBRING FL 33870

Mailing Address  
1200 SE LAKEVIEW DRIVE  
P.O. BOX 1963  
SEBRING FL 33870-4352



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/30/1971

3a. Date of Last Report  
03/05/1996

4. FEI Number

52-0881182

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

MCLEAN, C. R. JR.  
1200 SE LAKEVIEW DR  
SEBRING FL 33870

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 607.1508, 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

VD  
MCLEAN, M. F.  
1200 SE LAKEVIEW DRIVE  
SEBRING FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

PMD  
MCLEAN, C. R. JR.  
1200 SE LAKEVIEW DRIVE  
SEBRING FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

STD  
MCLEAN, E. M.  
1200 SE LAKEVIEW DR.  
SEBRING FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

D  
HUTCHINS, RANDALL P.  
1200 S.E. LAKEVIEW DR.  
SEBRING FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

D  
MUSSLEMAN, GARY  
1200 SE LAKEVIEW DR  
SEBRING FL

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

DELETE

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY- ST- ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I 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 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.

SIGNATURE: MCLEAN, C. R. JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0390959

CR2E034 (9/96)