FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F41910** **(3)**

1. Corporation Name

MATHIAS AND COMPANY, INC.

Principal Place of Business	Mailing Address
3223 LOWNDES DR. P.O.BOX 4097 WINTER PARK FL 32793	3223 LOWNDES DR. P.O.BOX 4097 WINTER PARK FL 32793

3. Date Incorporated or Qualified: 08/25/1981
3a. Date of Last Report: 09/25/1995
4. FEI Number: 59-2119891 ☐ 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

2. Principal Place of Business
21 3223 Lowndes Dr.
Suite, Apt. #, etc.
22 PO Box 4097
City & State
23 Winter Park, Fl.
Zip
24 32793 25 Country ? [illegible]

2a. Mailing Address
26 Same
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MATHIAS, MONTY F
653 GREENMEADOW AVE
MAITLAND FL 32751

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) N/A
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] Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating) [signature] 4-23-96 DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	MATHIAS, MONTY F	
STREET ADDRESS	653 GREENMEADOW AVE	
CITY-ST-ZIP	MAITLAND, FL 00000	
TITLE	D	☐ DELETE
NAME	KASAVAGE, WILLIAM J	
STREET ADDRESS	3323 LOWNDES DR	
CITY-ST-ZIP	WINTER PK, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-23-96 Date 407-679-6090 Daytime Phone #