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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
Division OF CORPORATIONS

1996

F41910

(3)

DOCUMENT # F4

1. Corporation Name

MATHER AND COMPANY

| MATHIAS AND COMPANY, INC. | | | | | | | |
|---|--|------------------------------|-----------------------|-------------------------------|---|--|--------------------------|
| Principal Place o | f Business | Mailing Address | , | |) AMULTAN III SINOI SINI ODENI IIV | fi Bait Bidit arası asası dısı | 01011 81811 1681 |
| 3223 LOWNDES DR. 3223 LOWNDES DR. P.O.BOX 4097 P.O.BOX 4097 WINTER PARK FL 32793 WINTER PARK FL 32793 | | | 2793 | | | Date of Last Box | |
| | | | | | 3. Date Incorporated or Qualified 08/25/1981 09/25/1995 | | |
| 2. Principal Plac | / // | 2a. Mairing Address | | | 4. FEI Number | | pplied For |
| 21 3213 Lowedes M. 26 5Am | | | m | | 59-2119891 | | ot Applicable Additional |
| Suite Apt. #, etc. Suite Apt. #, etc 27 | | | | | 5. Certificate of Status Desired | | equired |
| City & State | | City & State | | | 6. Election Campaign Financing | \$5.00 | May Be |
| B WIN. | ter PARK, FL | 28 | | | Trust Fund Contribution | | to Fees |
| Zip Country Zip Co | | | | у | This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes □ No | | |
| 4 327 | Name and Address of Current R | 29 egistered Agent | [30] | | 10. Name and Address of New F | | |
| | g, Maine and Address of Current III | egistered Agent | 81 | Name | | | |
| MATUIA | e MONTY E | | 82 | N Observa A Badada | (B.O. Box N. m) A is Not Accept | (a) | |
| MATHIAS, MONTY F 653 GREENMEADOW AVE | | | 84 | Street Ador | ddress (P.O. Box Numbba'is Not/Acceptative) | | |
| | ND FL 32751 | | 83 | 3 | | | |
| *********** | | | 84 | City | | 85 Zip | Code |
| | | | | 1 | | FL [°°] | |
| or redistere | the provisions of Sections 607.0502 and agent, or both, in the State of Florida | Such chunge was authori | zea by the cor | named corpo poration s boa | ration submits this statement for the pu and of directurs. I hereby accept the app | rpose of changing its re- pointment as registered | agent. I ans |
| familiar with | and accept the obligations of Section | 607,0595, Florida Statute | * 1M | 1.1 | Maltina | 11-23-91 | |
| SIGNATURE. | system of the state of pentilending of resolutions and state of the st | (417) | inte physical Ar | | ext which in clubbs | DATE | |
| 12. | OFFICERS AND D | | 13. | | ADDITIONS/CHANGES TO OFF | ICERS AND DIRECTOR | RS IN 12 |
| TITLE | DP | DELETE | 1.1 11111 | | ··· | Change | Addition |
| NAME | MATHIAS, MONTY F | | 1.2 NAM | | | | |
| STREET ADDRESS | 653 GREENMEADOW AVE | | 1.3 STRS | EFADORESS | | | |
| CITY-ST-ZIP | MAITLAND, FL 00000 | FTI but to | 140llY | | | Change | Addition |
| TITLE | D | ☐ DELETE | 2 1 1111 | | | Onange | EJ modiment |
| NAME | Kasavage, William J 3323 Lowndes Dr | | 2.2 NAMI | ET ADDRESS | | | |
| STREET ADDRESS | WINTER PK, FL 00000 | | 24 CITY | | | | |
| CITY-ST-ZIP TITLE | WHITEN TH, I'L 00000 | DELETE | 3 1 THE | | | ☐ Change | Addition |
| NAME | | - | 3.2 NAM | | | | |
| STREET ADDRESS | | | 3.3 STRE | ET ADDRESS | | | |
| CITY - ST - ZIP | | | 3.4 CITY | - S1 - ZIP | | | |
| TITLE | | ☐ DELETE | 4 1 TiTL | E | | ☐ Change | ☐ Addition |
| NAME | | | 4.2 NAM | £ | | | |
| STREET ADDRESS | | | 43 STRE | ET ADDRESS | | | |
| CITY - S1 - ZIP | | - Delen | | - Sr - ZIP | | ☐ Change | Add tion |
| TITLE | | ☐ DELETE | 5 1 IIIL | | | ☐ Cita ige | L. Nourion |
| NAME | | | 5 2 NAM | t ADDRESS | | | |
| STREET ADDRESS | | | | -ST-ZIP | | | |
| CITY - ST - ZIP TITLE | | DELETE | 6 1 TI ³ L | | | ☐ Change | Addition |
| NAME | | - | 6.2 NAM | | | | |
| STREET ADDRESS | | | | ELT ADDRESS | | | |
| PITY ST 7IP | | | 6.4 CITY | - ST - ZIP | | | |
| 14. I do hereb | y certify that the information supplied wit the information indicated on this annual | | | | | | |
| nath: that | the information indicated on this annual arm an officer or director of the corporal Block 12 or Block 13 if changed, or on | tion or the receiver or trus | itee enipowere | d to execute t | his report as required by Chapter 607, F | Florida Statutes; and the | al my name |

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-3-96 407-679-6090

R2F034 (12/9)