

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

APPROVED  
AND  
FILED

1995 JUN 20 PM 2:33

PROFIT CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F69663** (5)

1. Corporation Name  
**MAJECO, INC.**

Principal Place of Business  
**1022 MAIN ST  
STE J  
DUNEDIN FL 34698  
US**

Mailing Address  
**P.O. BOX 1889  
DUNEDIN FL 34697-1889  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/04/1982** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business  
21 **206 MASON STREET** 2a. Mailing Address  
26 **206 MASON STREET**

4. FEI Number **59-2166051** Applied For  
 Not Applicable

Suite, Apt. #, etc. 22 **4** Suite, Apt. #, etc. 27 **4**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State: 23 **BRANDON, FL** City & State: 28 **BRANDON, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip Country 24 **33511 USA** 25 **USA** Zip Country 29 **33511 USA** 30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATTLE, JEAN E  
1022 MAIN STREET, SUITE J  
DUNEDIN FL 34698**

81 Name **MICHAEL S. EDENFIELD**  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 **206 MASON STREET**  
84 City **BRANDON FL** 85 Zip Code **33511**

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 of principal officer or registered agent and title of agent/signature

(NOTE: Registered Agent signature required when re-registering)

6/13/95  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PVD</b>
NAME	<b>BATTLE, MAXWELL G JR</b>
STREET ADDRESS	<b>2467 TREEMONT WAY</b>
CITY, ST, ZIP	<b>DUNEDIN FL</b>
TITLE	<b>D</b>
NAME	<b>BATTLE, JEAN E</b>
STREET ADDRESS	<b>2467 TREEMONT WAY</b>
CITY, ST, ZIP	<b>DUNEDIN FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>200001518992</b>
2.3 STREET ADDRESS	<b>-06/21/95--01034--022</b>
2.4 CITY, ST, ZIP	<b>***225.00 ***225.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 407, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Maxwell G. Battle, Jr**  
PRESIDENT  
MAXWELL G. BATTLE, JR

6/13/95  
DATE

(813) 685-3014  
Telephone Number

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
 AMOUNT DUE ON OR BEFORE 6:00PM: \$225 (IF DISSOLVED), REMAINING AMOUNT DUE TO REINSTATE: (\$375)

APPROVED  
 AND  
 FILED  
 JUN 20 PM 1:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # F76337 (7)  
 1. Corporation Name  
 THE NILAN ACCOUNT, INC.

Principal Place of Business Mailing Address  
 601 ELKAM CIRCLE P.O. BOX R  
 A-3 MARCO ISLAND FL 33809  
 US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address  
 21 601 Elkam Circle 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report  
 04/15/1982 04/07/1994  
 4. FEI Number Applied For  
 59-2228872 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6.  Trust Fund Contributions  \$5.00 May Be Added to Fees  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 GOLD, DENNIS  
 2335 TAMAMI TRAIL NORTH  
 SUITE 301  
 NAPLES FL 33940

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

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

TITLE	PD
NAME	NILAN, MARY PEGGY
STREET ADDRESS	140 SEAVIEW CT. 1104N
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	STD
NAME	GRIFFITHS, WILLIAM T.
STREET ADDRESS	140 SEAVIEW CT 1104N
CITY-ST-ZIP	MARCO ISLAND FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS: (Use this section to add new officers or directors.)

1.1 TITLE	60000154 Change Add
1.2 NAME	-06/21/95--01038--003
1.3 STREET ADDRESS	****238.75 ****238.75
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 un-aided; 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: *Mary Peggy Nilan* Date: 6 June 95 941-394-295  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Check was left out of mailing