SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $370)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -9 AM 9:23

DOCUMENT # **F74628** **(1)**

1. Corporation Name
MADIC, INC.

Principal Place of Business	Mailing Address
13334 GRAND ISLAND SHORES RD. PO BOX 100 GRAND ISLAND FL 32735	13334 GRAND ISLAND SHORES RD. PO BOX 100 GRAND ISLAND FL 32735

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/01/1982
3a. Date of Last Report: 03/21/1994

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

4. FEI Number: 59-2345543 ☐ 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

9. Name and Address of Current Registered Agent

WHALEN, LAURIE E.
13334 GRAND ISLAND SHORES RD
GRAND ISLAND FL 32735

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPT	11 TITLE		☐ Change ☐ Addition
NAME	WHALEN, RICHARD P	12 NAME		
STREET ADDRESS	P.O. BOX 100 N/A	13 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735	14 CITY-ST-ZIP		
TITLE	PS	21 TITLE		☐ Change ☐ Addition
NAME	VEST, LAURIE WHALEN	22 NAME		
STREET ADDRESS	P O BOX 100 NA	23 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LIEBL, MAUREEN WHALEN	32 NAME		
STREET ADDRESS	P.O. BOX 100 N/A	33 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	PEREZ, LINDA W	42 NAME		
STREET ADDRESS	P.O. BOX 100 N/A	43 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WHALEN, RICHARD A.	52 NAME		
STREET ADDRESS	P.O. BOX 100 N/A	53 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WHALEN, MADELINE M.	62 NAME		
STREET ADDRESS	P.O. BOX 100 N/A	63 STREET ADDRESS		
CITY-ST-ZIP	GRAND ISLAND FL 32735	64 CITY-ST-ZIP		

CR2E034 (3/95)

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: Richard A Whalen Dir — 6-6-95 — 904-589-4174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICHARD A. WHALEN

0190676 FN