

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F74628 (1)
1. Corporation Name
MADIC, INC.



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

3. Date Incorporated or Qualified: **04/01/1982**
3a. Date of Last Report: **06/09/1995**
4. FEI Number: **59-2345543**
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 **13334 Grand Island Shores Rd.**
22 **P.O. Box 350100**
23 **Grand Island FL**
24 **32735** 25 **USA**
2a. Mailing Address
26 **13334 Grand Island Shores Rd.**
27 **P.O. Box 350100**
28 **Grand Island, FL**
29 **32735** 30 **USA**

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: **Richard P. Whalen**
82 Street Address (P.O. Box Number is Not Acceptable): **13334 Grand Island Shores Road**
83
84 City: **Grand Island** 85 Zip Code: **FL 32735**

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: *Richard P. Whalen, VP* **Richard P. Whalen** **3/13/96**
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	VPT DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, RICHARD P	1.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	1.4 CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEST, LAURIE WHALEN	2.2 NAME	
STREET ADDRESS	P O BOX 100 NA	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBL, MAUREEN WHALEN	3.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, LINDA W	4.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, RICHARD A.	5.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHALEN, MADELINE M.	6.2 NAME	
STREET ADDRESS	P.O. BOX 100 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRAND ISLAND FL 32735	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 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 P. Whalen* **Richard P. Whalen, VP** **3/13/96** **941-853-8061**
Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (12/95)