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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90066 002 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F84940

1. Corporation Name

MAX DAVIS ASSOCIATES, INC.



Principal Place of Business
1501 NORTHPOINT PKWY.
SUITE 104
WEST PALM BEACH FL 33407
US

Mailing Address
PO BOX 3935
SOUTH BEND IN 46619
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1982

4. FEI Number

59-2207359

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

CARLILE, REX
1501 NORTHPOINT PKWY.
SUITE 104
WEST PALM BEACH FL 33407

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 C ☐ DELETE
NAME CARLILE, REX
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

TITLE VC ☐ DELETE
NAME CARLILE, HELEN
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

TITLE P ☐ DELETE
NAME CARLILE, DONALD
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

TITLE V ☐ DELETE
NAME CARLILE, DEAN
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

TITLE V ☐ DELETE
NAME RIGGS, DAVID
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

TITLE ST ☐ DELETE
NAME RIGGS, KATHY
STREET ADDRESS 2612 FOUNDATION DRIVE
CITY-ST-ZIP SOUTH BEND IN 46628

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

Don Carlile President

3-25-99

288-2113

CR2E034 (1/98)