

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004006 (2)

1. Corporation Name

MAYBERRY PRODUCTS, INC.



Principal Place of Business

4004 W. 128TH ST.
SUITE 903
CORTEZ FL 34215

Mailing Address

4004 W. 128TH ST.
SUITE 903
CORTEZ FL 34215

3. Date Incorporated or Qualified
08/02/1994

3a. Date of Last Report
04/28/1995

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

26 City & State

27 Zip

28 Country

4. FEI Number

37-1315353

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

MAYBERRY, RONALD
4004 W. 128TH ST.
SUITE 903
CORTEZ FL 34215

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME MAYBERRY, RONALD L
STREET ADDRESS 123 SUPERIOR DR.
CITY-ST-ZIP BELLEVILLE IL 62223

TITLE S ☐ DELETE

NAME MAYBERRY, LA DONNE P
STREET ADDRESS 123 SUPERIOR DR.
CITY-ST-ZIP BELLEVILLE IL 62223

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE RONALD L. MAYBERRY ☒ Change ☐ Addition

1.2 NAME 4004 W 128TH ST SUITE 903

1.3 STREET ADDRESS CORTEZ, FL 34215

1.4 CITY-ST-ZIP

2.1 TITLE LA DONNE P. MAYBERRY ☐ Change ☐ Addition

2.2 NAME 4004 W 128TH ST. SUITE 903

2.3 STREET ADDRESS CORTEZ, FL 34215

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 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, changed, or on an attachment with an address.

SIGNATURE:

LA DONNE P MAYBERRY

LA DONNE P MAYBERRY

4-10-96

Date

Daytime Phone #

214 79511195

CR2E034 (12/95)