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 # **F95000005157 (1)**

1. Corporation Name
STARMAX DEVELOPERS, INC.

Principal Place of Business
C/O MAXINE MITCHELL
1790 WHITE CAP CIRCLE
N. FORT MYERS FL 33903

Mailing Address
C/O MAXINE MITCHELL
1790 WHITE CAP CIRCLE
N. FORT MYERS FL 33903

3. Date Incorporated or Qualified **10/23/1995**
3a. Date of Last Report

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number ~~APPLIED FOR~~ 31-1447355 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 officer—Title if applicable) (Note: Registered Agent Signature required if filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PCT	☐ DELETE
NAME	MITCHELL, MAXINE	
STREET ADDRESS	1790 WHITE CAP CIRCLE	
CITY-ST-ZIP	N. FORT MYERS FL 33903	
TITLE	DV	☐ DELETE
NAME	WHEELER, ESTHER	
STREET ADDRESS	2645 W. CHOCTAW DR., N.W.	
CITY-ST-ZIP	LONDON OH 43140	
TITLE	SD	☐ DELETE
NAME	WHEELER, LARRY L	
STREET ADDRESS	2645 W. CHOCTAW DR., N.W.	
CITY-ST-ZIP	LONDON OH 43140	
TITLE	VVC	☐ DELETE
NAME	MITCHELL, DON G SR	
STREET ADDRESS	1660 U.S. RTE. 42 N.E.	
CITY-ST-ZIP	LONDON OH 43140	
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		☐ 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 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: Maxine Mitchell — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 1-10-96 Date — 614-879-6620 Daytime Phone #

CR2E034 (12/95)