

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 9:59

DOCUMENT # **G11307 (7)**
1. Corporation Name
ALICE MAYNARD, INC.

Principal Place of Business Mailing Address
3246 N. U.S. 1 **3246 N. U.S. 1**
VERO BEACH FL 32960 **VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
12/02/1982 **05/01/1994**

| | | | | | | | |
|---|--|-------------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| 21 | | 26 | | 59-2240384 | | Not Applicable | |
| 22. Suite, Apt. #, etc. | | 27. Suite, Apt. #, etc. | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 May Be Added to Fees | |
| 24. Zip | | 25. Country | | 29. Zip | | 30. Country | |
| 24 | | 25 | | 29 | | 30 | |
| B. This corporation has liability for intangible tax under S. 109.032, Florida Statutes | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MAYNARD, ALICE 167 N.W. AILEEN ST. PORT ST. LUCIE FL 33452 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | | | |
| | | | | FL | | | |

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 re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------|---|---|
| TITLE | P | 1. 1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAYNARD, ALICE | 1.2 NAME | |
| STREET ADDRESS | 167 N.W. AILEEN ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 1.4 CITY - ST - ZIP | |
| TITLE | V | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAYNARD, KIMBERLY G | 2.2 NAME | |
| STREET ADDRESS | 8805 CITRUS PARK BLVD. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | FT. PIERCE FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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: *Alice Maynard, Pres* 402569-7283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type) (Typed Title)
 1-23-95 Alice Maynard