DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). CORPORATION ANNUAL REPORT

1999

OCUMENT #
Corporation Name



NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90035 028 ***150.00 09-01-1999 90005 028 ***558.75

MADDUX PUBLISHING, INC.		
Class of Business	Mailing Address	
C.PHILLIP CAMPBELL. JR. E. KENNEDY BLVD. #2500	% C.PHILLIP CAMPBELL. JR. 101. E. KENNEDY-BLVD. #2500	
FL 33602	TAMPA FL 33602	DO NOT WRITE IN THIS SPACE
		a Data Incorporated or Qualified

: Class	of Business	Mailing Address								
	AMPBELL. JR.	% C.PHILLIP CAMPBELL.					,,			
E. KENNEI FL 336	DY BLVD. #2500	101_E_KENNEDY_BLVD. #2500 TAMPA FL 33602			DO NOT WRITE IN THIS SPACE					
FE 330	W	IOMIN IL SOUE				3. Date Incorporated or Qualified	, _ ,, ,,,,,	<u> </u>		
						10/19/1983				
Principal Pl	ace of Business	2a. Maijing Address		1.		4. FEI Number			Applied	For
4900	Eisenhower Blud.	26 clo Haast	ublis	<u> </u>	Ng(0.	59-2338050			√ot Apr	plicable
Suite, Apt.		Suite, Apt. #, etc.		~ '	d.	5. Certificate of Status Desired	X	\$8.75		
Suit		27 3/19 Cam	OUS (<u> </u>	ive	3 .			Require	
City & State	6:1	City & State		/-	Д	6. Election Campaign Financing			0 May	
	pa, FL	Zio Zio	Cou	<u>J</u>		Trust Fund Contribution		Added	to Fe	es
Zip 33.	624 Country USA	·	30	iii y	USA	 This corporation owes the curr intangible Personal Property. 	ant year	Yes	X No	
	9. Name and Address of Current	29 <u>300' / </u> Registered Agent	1301	<u> </u>	<u> </u>	10. Name and Address of New F	Registered			
	5, Name and Address of Carton	rtogratorou rigorit		81	Name					
CT	CORPORATION SYSTEM		-	100	Chr 1 A 1-	desar (D.O. Day Number in Not Assessed	able)			
120	0 S. PINE ISLAND RD.			82	Street Add	dress (P.O. Box Number is Not Accepta	ine)			
PLA	NTATION FL 33324			83						
				84	City			85 Zip	Code	
				**	City		FL	. 63 ~ "	, 0000	
GNATURE .	Signature, typed or printed name of registered agent : OFFICERS AND		NOTE: Registe	red Ag	ent signature re	ADDITIONS/CHANGES TO OF	DATE FICERS AN	ID DIRECT	rors I	N 12
	D OFFICERS AND	DELETE	1,1 77	TLE		ADDITIONS/CHANGES TO GE	100.1071	Change	$\neg \neg$	Addition
-	MADDUX, CARLEN	P_4 DELETE	1.2 NA	ME	}				_	
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EET ADDRESS	200 BRIGHTWATERS BLVD NE		2.3 \$T	REET	ADDRESS					
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E		☐ DELETE	3.1 TIT		₽	0 + n \ + C		Change		Addition
Æ			3.2 NA			netz, Robert C. 1119 Campus Drive Jorcross, GA 300				
EET ADDRESS					ADDRESS 3	illy campus prive	m 1			
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(E EET ADDRESS			_		ADDRESS 3	arker, Gerald 5119 Campus Drive Jorcross, GA300				
Y-ST-ZIP				TY-ST-	ZIP A	Jovernes GAZOE	71			
r-51-21P .E		DELETE	5.1 TU		- 1.	000 00059, 071 300		Change	<u> </u>	Addition
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ΛE			6.2 NA	4ME				_		
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v et zio			8461	TV.ST.	-71P					

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.