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

**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Principal Place of Business 2035 W. CENTRAL BLVD.

ORLANDO FL 32805

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY - SI - ZIP

CHTY-ST-ZIP

**DOCUMENT #** H333391

Mailing Address

P.O. BOX 5878. N/A

ORLANDO FL 32805

Janie Racheal Moore-Maxwell investment corporati ON

3a. Date of Last Report 3. Date Incorporated or Qualified 04/21/1995 12/11/1984 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Busines Pro Box 59-2483139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 This corporation has liability for intangible tax under s. 199.032. Country Counts 2m☐ Yes ☐ No 30 Florida Statutes 24 ORANGE 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Lamourell MAXWELL, FRED L. 2035 W. CENTRAL BLVD ORLANDO FL 32805 Zip Code 11. Pursuant to the provisions of Sections 697,0502 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. Thereby accept the appointment as registered agent, I am familiar with, any accept the objections of Section Co7.0505, Florida Statutes rafile. Buildlass: Amort senature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. The same Change Addition DELETE 1.1 Title THLE 1.2 NAME MAXWELL, FRED L. NAMÉ 2035 W. CENTRAL BLVD 13 STREET ADDRESS STREET ADDRESS ORLANDO FL 14 CITY - ST - Z P CITY - ST - ZIP Change ☐ Addition They sawe! DELETE 2 1 THLE S Sect. TITLE 2.2 NAME LEE, MAGGIE A. NAME 1610 POWERS DR 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - S1 - ZIP ORLANDO FL CITY-ST-ZIP Add tion ☐ Change DELETE 3 1 THE E TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP ■ Addition 4 1 THE TIFLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY ST-ZIP CHTY - ST - ZiP Addit on 5 1171F TITLE

14. I do hereby certify that the information supplied with this filing is vountarily 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 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

5.2 NAME

6 1 TOLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY - ST - ZIP

5.4 CITY - ST - ZIP

CR2E034 (12/95)

Change

Add tion