

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90012 037 \*\*\*150.00

04-25-1999 90012 038 \*\*\*\*\*8.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H33391

1. Corporation Name

JANIE RACHEAL MOORE-MAXWELL INVESTMENT CORPORATI  
ON

Principal Place of Business

2035 W. CENTRAL BLVD.

ORLANDO FL 32805

US

SAME

Mailing Address

PO BOX 555878

ORLANDO FL 32805

US

SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1984

4. FEI Number

59-2483139

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 2035 W. Central Blv

Suite, Apt. #, etc.

22

City & State

23 Orlando FL

Zip

24 32805

Country

25 ORANGE

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27

City & State

28 SAME

Zip

29 SAME

Country

30 SAME

9. Name and Address of Current Registered Agent

MAXWELL, FRED L.

2035 W. CENTRAL BLVD

ORLANDO FL 32805

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 2035 W. Central Blvd

84 Orlando FL 32805

City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 Fred L. Maxwell  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/12/1999

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P  
MAXWELL, FRED L.  
STREET ADDRESS  
2035 W. CENTRAL BLVD  
CITY-STATE-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
ST  
LEE, MAGGIE A.  
STREET ADDRESS  
1610 N POWERS DR  
CITY-STATE-ZIP  
ORLANDO FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME PRESIDENT

1.3 STREET ADDRESS Fred L. Maxwell

1.4 CITY-STATE-ZIP 2035 W. Central Blvd Orlando

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME Secretary

2.3 STREET ADDRESS Maggie A. Lee

2.4 CITY-STATE-ZIP 1610 N. Powers Dr. Orlando, FL 32818-5958

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. 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, with all other like empowered.

SIGNATURE: Fred L. Maxwell  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/12/1999  
Daytime Phone #

CR2E034 (11/98)