

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # H57651 (2)

1. Corporation Name

MAXFIELD DEVELOPMENTS, INC.



Principal Place of Business

C/O ROBERT E. WOODARD  
PO BOX 670  
WINDERMERE FL 34786

Mailing Address

C/O ROBERT E. WOODARD  
PO BOX 670  
WINDERMERE FL 34786

3. Date Incorporated or Qualified  
05/20/1985

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2534979

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

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

10. Name and Address of New Registered Agent

WOODARD, ROBERT E  
60 NORTH FOREST STREET  
WINDERMERE FL 34786

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 registered agent, and the official title

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
HEIDRICH, PAUL JR.  
1950 MIZEL AVE  
WINTER PARK FL 32792

☐ DELETE

1. TITLE  
2. NAME  
3. STREET ADDRESS  
4. CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VD  
HILAL, TALAL E  
600 SOUTH ORLANDO AVE.  
MAITLAND FL 32751

☐ DELETE

2. TITLE  
3. NAME  
4. STREET ADDRESS  
5. CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TCD  
WOODARD, ROBERT E  
60 NORTH FOREST STREET  
WINDERMERE FL 34786

☐ DELETE

3. TITLE  
4. NAME  
5. STREET ADDRESS  
6. CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SD  
JORGENSEN, PHILIP D  
128 PARSON ROAD  
LONGWOOD FL 32779

☐ DELETE

4. TITLE  
5. NAME  
6. STREET ADDRESS  
7. CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
OWENS, PAUL D  
1312 W. WASHINGTON STREET  
ORLANDO FL 32805

☐ DELETE

5. TITLE  
6. NAME  
7. STREET ADDRESS  
8. CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PRICE, ALAN  
921 JUANITA ROAD  
WINTER PARK FL 32789

☐ DELETE

6. TITLE  
7. NAME  
8. STREET ADDRESS  
9. CITY - ST - ZIP  
☐ Change ☐ Addition

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: Robert E. Woodard Robert E. Woodard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

407-876-3680

Daytime Phone #

CR2E034 (12/95)